| Fill in this information to identify your case: |                               |                           |
|-------------------------------------------------|-------------------------------|---------------------------|
| United States Bankruptcy Court for the:         |                               |                           |
| DISTRICT OF MINNESOTA                           |                               |                           |
| Case number (if known)                          | Chapter you are filing under: |                           |
|                                                 | ☐ Chapter 7                   |                           |
|                                                 | ☐ Chapter 11                  |                           |
|                                                 | ☐ Chapter 12                  |                           |
|                                                 | Chapter 13                    | ☐ Check if thi amended fi |

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself                                                                                                           |                                                 |                                               |
|-----|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
|     |                                                                                                                                  | About Debtor 1:                                 | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name                                                                                                                   |                                                 |                                               |
|     | Write the name that is on your government-issued picture identification (for example, your driver's                              | Casie First name                                | First name                                    |
|     | license or passport).                                                                                                            | Lynn<br>Middle name                             | Middle name                                   |
|     | Bring your picture identification to your meeting with the trustee.                                                              | Jordan Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years                                                                                | Casie Lynn Stiras                               |                                               |
|     | Include your married or maiden names.                                                                                            | ,                                               |                                               |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-5084                                     |                                               |

|    |                                                                                                         | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                              |  |  |  |
|----|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.                                                                                                        | ☐ I have not used any business name or EINs.                                                                                               |  |  |  |
|    | Include trade names and doing business as names                                                         | Business name(s)                                                                                                                                    | Business name(s)                                                                                                                           |  |  |  |
|    |                                                                                                         | EINs                                                                                                                                                | EINs                                                                                                                                       |  |  |  |
| 5. | Where you live                                                                                          | 265 Myrtle Dr S                                                                                                                                     | If Debtor 2 lives at a different address:                                                                                                  |  |  |  |
|    |                                                                                                         | Annandale, MN 55302 Number, Street, City, State & ZIP Code                                                                                          | Number, Street, City, State & ZIP Code                                                                                                     |  |  |  |
|    |                                                                                                         | Wright                                                                                                                                              |                                                                                                                                            |  |  |  |
|    |                                                                                                         | County                                                                                                                                              | County                                                                                                                                     |  |  |  |
|    |                                                                                                         | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|    |                                                                                                         | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                    | Number, P.O. Box, Street, City, State & ZIP Code                                                                                           |  |  |  |
| 6. | Why you are choosing this district to file for                                                          | Check one:                                                                                                                                          | Check one:                                                                                                                                 |  |  |  |
|    | bankruptcy                                                                                              | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|    |                                                                                                         | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                           | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                               |  |  |  |
|    |                                                                                                         |                                                                                                                                                     |                                                                                                                                            |  |  |  |

| 7. | The chapter of the Bankruptcy Code you are                                                                        | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                     |                                          |                                             |                                                                                                              |  |  |
|----|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------|--|--|
|    | choosing to file under                                                                                            | ☐ Char                                                                                                                                                                                                  | oter 7                                                                                                                                                                                                                                                                                                                                                                                |                             |                                     |                                          |                                             |                                                                                                              |  |  |
|    |                                                                                                                   | ☐ Char                                                                                                                                                                                                  | oter 11                                                                                                                                                                                                                                                                                                                                                                               |                             |                                     |                                          |                                             |                                                                                                              |  |  |
|    |                                                                                                                   | □ Chapter 12                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                     |                                          |                                             |                                                                                                              |  |  |
|    |                                                                                                                   | ■ Chap                                                                                                                                                                                                  | oter 13                                                                                                                                                                                                                                                                                                                                                                               |                             |                                     |                                          |                                             |                                                                                                              |  |  |
| 3. | How you will pay the fee                                                                                          | ab<br>or                                                                                                                                                                                                | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more deabout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or moorder. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check a pre-printed address. |                             |                                     |                                          |                                             |                                                                                                              |  |  |
|    |                                                                                                                   | ☐ Ir                                                                                                                                                                                                    | need to pay                                                                                                                                                                                                                                                                                                                                                                           | the fee in installmen       |                                     | e this option, sign                      | and attach the Applica                      | ation for Individuals to Pay                                                                                 |  |  |
|    |                                                                                                                   |                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                     | e in Installments (Official | ,                                   | dele en Cenere de la                     | Commence (III and Com Observe               | otan 7. Bullanna Sudan aran                                                                                  |  |  |
|    |                                                                                                                   | bu                                                                                                                                                                                                      | it is not requipolities to you                                                                                                                                                                                                                                                                                                                                                        | uired to, waive your fee    | , and may do so<br>re unable to pay | only if your incor<br>the fee in install | me is less than 150% oments). If you choose | oter 7. By law, a judge may, of the official poverty line that this option, you must fill out your petition. |  |  |
|    | Have you filed for bankruptcy within the last 8 years?                                                            | □ No. ■ Yes.                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                     |                                          |                                             |                                                                                                              |  |  |
|    |                                                                                                                   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                       | Minnesota                   |                                     |                                          |                                             |                                                                                                              |  |  |
|    |                                                                                                                   |                                                                                                                                                                                                         | District                                                                                                                                                                                                                                                                                                                                                                              | (Dismissed)                 | When                                | 1/04/16                                  | Case number                                 | 16-40005                                                                                                     |  |  |
|    |                                                                                                                   |                                                                                                                                                                                                         | District                                                                                                                                                                                                                                                                                                                                                                              |                             | When                                |                                          | Case number                                 |                                                                                                              |  |  |
|    |                                                                                                                   |                                                                                                                                                                                                         | District                                                                                                                                                                                                                                                                                                                                                                              |                             | When                                |                                          | Case number                                 |                                                                                                              |  |  |
| 0. | Are any bankruptcy cases pending or being                                                                         | ■ No                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                     |                                          |                                             |                                                                                                              |  |  |
|    | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                     |                                          |                                             |                                                                                                              |  |  |
|    |                                                                                                                   |                                                                                                                                                                                                         | Debtor                                                                                                                                                                                                                                                                                                                                                                                |                             |                                     |                                          | Relationship to y                           | ou                                                                                                           |  |  |
|    |                                                                                                                   |                                                                                                                                                                                                         | District                                                                                                                                                                                                                                                                                                                                                                              |                             | When                                |                                          | Case number, if                             | known                                                                                                        |  |  |
|    |                                                                                                                   |                                                                                                                                                                                                         | Debtor                                                                                                                                                                                                                                                                                                                                                                                |                             |                                     |                                          | Relationship to y                           | /ou                                                                                                          |  |  |
|    |                                                                                                                   |                                                                                                                                                                                                         | District                                                                                                                                                                                                                                                                                                                                                                              |                             | When                                |                                          | Case number, if                             | known                                                                                                        |  |  |
| 1. | Do you rent your                                                                                                  | ■ No.                                                                                                                                                                                                   | Go to I                                                                                                                                                                                                                                                                                                                                                                               | ine 12.                     |                                     |                                          |                                             |                                                                                                              |  |  |
|    | residence?                                                                                                        | ☐ Yes.                                                                                                                                                                                                  | Has yo                                                                                                                                                                                                                                                                                                                                                                                | ur landlord obtained an     | eviction judgme                     | ent against you?                         |                                             |                                                                                                              |  |  |
|    |                                                                                                                   |                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                       | No. Go to line 12.          |                                     | -                                        |                                             |                                                                                                              |  |  |
|    |                                                                                                                   |                                                                                                                                                                                                         | _                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                     | <b>-</b> · · · · · ·                     |                                             | 101A) and file it as part of                                                                                 |  |  |

Debtor 1 Casie Lynn Jordan

|      | Are you a sole proprietor of any full- or part-time business?                                                                                                   | ■ No.                 | Go to        | Part 4.                                    |                                                                                                                                                                                                                                                                       |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                                                                                                                                                                 | ☐ Yes.                | Nam          | e and location of bus                      | iness                                                                                                                                                                                                                                                                 |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                       | Nam          | e of business, if any                      |                                                                                                                                                                                                                                                                       |
|      | If you have more than one sole proprietorship, use a separate sheet and attach                                                                                  |                       |              | ber, Street, City, Sta                     |                                                                                                                                                                                                                                                                       |
|      | it to this petition.                                                                                                                                            |                       |              |                                            | x to describe your business:                                                                                                                                                                                                                                          |
|      |                                                                                                                                                                 |                       |              |                                            | ness (as defined in 11 U.S.C. § 101(27A))                                                                                                                                                                                                                             |
|      |                                                                                                                                                                 |                       |              | <u> </u>                                   | Estate (as defined in 11 U.S.C. § 101(51B))                                                                                                                                                                                                                           |
|      |                                                                                                                                                                 |                       |              | •                                          | efined in 11 U.S.C. § 101(53A))                                                                                                                                                                                                                                       |
|      |                                                                                                                                                                 |                       |              | Commodity Broke                            | r (as defined in 11 U.S.C. § 101(6))                                                                                                                                                                                                                                  |
|      |                                                                                                                                                                 |                       |              | None of the above                          |                                                                                                                                                                                                                                                                       |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                                                         | deadline<br>operation | s. If you i  | ndicate that you are flow statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |
|      | For a definition of small                                                                                                                                       | ■ No.                 | I am         | not filing under Chap                      | oter 11.                                                                                                                                                                                                                                                              |
|      | business debtor, see 11 U.S.C. § 101(51D).                                                                                                                      | □ No.                 | I am<br>Code |                                            | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy                                                                                                                                                                                |
|      |                                                                                                                                                                 | ☐ Yes.                | Iam          | filing under Chapter                       | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.                                                                                                                                                                               |
| Part | t 4: Report if You Own or                                                                                                                                       | Have Any              | y Hazard     | ous Property or An                         | y Property That Needs Immediate Attention                                                                                                                                                                                                                             |
| 14.  | Do you own or have any                                                                                                                                          | ■ No.                 |              |                                            |                                                                                                                                                                                                                                                                       |
|      | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to                                                              | ☐ Yes.                | What is      | the hazard?                                |                                                                                                                                                                                                                                                                       |
|      | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                                                                    |                       |              | diate attention is<br>, why is it needed?  |                                                                                                                                                                                                                                                                       |
|      | For example, do you own perishable goods, or                                                                                                                    |                       | Where i      | is the property?                           |                                                                                                                                                                                                                                                                       |
|      | livestock that must be fed,<br>or a building that needs<br>urgent repairs?                                                                                      |                       |              |                                            |                                                                                                                                                                                                                                                                       |

Debtor 1 Casie Lynn Jordan

#### Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Der   | Casie Lynn Jorda                                                                        | []                   |                                                                                                                                                                                          |                                                                                                                           | TIDET (If known)                                                                                                          |  |  |  |  |
|-------|-----------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Par   | t 6: Answer These Quest                                                                 | ions for R           | eporting Purposes                                                                                                                                                                        |                                                                                                                           |                                                                                                                           |  |  |  |  |
| 16.   | What kind of debts do you have?                                                         | 16a.                 |                                                                                                                                                                                          | consumer debts? Consumer debts are dersonal, family, or household purpose."                                               | defined in 11 U.S.C. § 101(8) as "incurred by an                                                                          |  |  |  |  |
|       |                                                                                         |                      |                                                                                                                                                                                          |                                                                                                                           |                                                                                                                           |  |  |  |  |
|       |                                                                                         | 4.01                 | Yes. Go to line 17.                                                                                                                                                                      |                                                                                                                           |                                                                                                                           |  |  |  |  |
|       |                                                                                         | 16b.                 | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |                                                                                                                           |                                                                                                                           |  |  |  |  |
|       |                                                                                         |                      | ☐ No. Go to line 16c.                                                                                                                                                                    |                                                                                                                           |                                                                                                                           |  |  |  |  |
|       |                                                                                         |                      | Yes. Go to line 17.                                                                                                                                                                      |                                                                                                                           |                                                                                                                           |  |  |  |  |
|       |                                                                                         | 16c.                 | State the type of debts you                                                                                                                                                              | State the type of debts you owe that are not consumer debts or business debts                                             |                                                                                                                           |  |  |  |  |
| 17.   | Are you filing under Chapter 7?                                                         | ■ No.                | I am not filing under Chapte                                                                                                                                                             | er 7. Go to line 18.                                                                                                      |                                                                                                                           |  |  |  |  |
| 8<br> | Do you estimate that after any exempt property is excluded and                          | ☐ Yes.               |                                                                                                                                                                                          | . Do you estimate that after any exempt payailable to distribute to unsecured credit                                      | roperty is excluded and administrative expenses ors?                                                                      |  |  |  |  |
|       | administrative expenses                                                                 |                      | □ No                                                                                                                                                                                     |                                                                                                                           |                                                                                                                           |  |  |  |  |
|       | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |                      | Yes                                                                                                                                                                                      |                                                                                                                           |                                                                                                                           |  |  |  |  |
| 18.   | How many Creditors do you estimate that you owe?                                        | ■ 1-49<br>□ 50-99    |                                                                                                                                                                                          | □ 1,000-5,000<br>□ 5001-10,000<br>□ 10,001-25,000                                                                         | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000                                                                 |  |  |  |  |
|       |                                                                                         | □ 100-1<br>□ 200-9   |                                                                                                                                                                                          | □ 10,001-25,000                                                                                                           | □ More than 100,000                                                                                                       |  |  |  |  |
| 19.   | How much do you estimate your assets to be worth?                                       | <b>\$</b> 100,       | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million                                                                                                                         | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |  |  |
|       |                                                                                         | <b>□</b> \$500,      |                                                                                                                                                                                          |                                                                                                                           |                                                                                                                           |  |  |  |  |
| 20.   | How much do you estimate your liabilities                                               | □ \$0 - \$           |                                                                                                                                                                                          | □ \$1,000,001 - \$10 million                                                                                              | □ \$500,000,001 - \$1 billion                                                                                             |  |  |  |  |
|       | to be?                                                                                  |                      | 001 - \$100,000                                                                                                                                                                          | ☐ \$10,000,001 - \$50 million<br>☐ \$50,000,001 - \$100 million                                                           | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion                                                        |  |  |  |  |
|       |                                                                                         |                      | 001 - \$500,000<br>001 - \$1 million                                                                                                                                                     | □ \$100,000,001 - \$500 million                                                                                           | ☐ More than \$50 billion                                                                                                  |  |  |  |  |
| Par   | t7: Sign Below                                                                          |                      |                                                                                                                                                                                          |                                                                                                                           |                                                                                                                           |  |  |  |  |
| For   | you                                                                                     | I have ex            | amined this petition, and I de                                                                                                                                                           | eclare under penalty of perjury that the in                                                                               | formation provided is true and correct.                                                                                   |  |  |  |  |
|       |                                                                                         |                      |                                                                                                                                                                                          | 7, I am aware that I may proceed, if eligi<br>e relief available under each chapter, and                                  | ble, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.                                      |  |  |  |  |
|       |                                                                                         |                      |                                                                                                                                                                                          | d not pay or agree to pay someone who is<br>the notice required by 11 U.S.C. § 342(b)                                     |                                                                                                                           |  |  |  |  |
|       |                                                                                         | I request            | est relief in accordance with the chapter of title 11, United States Code, specified in this petition.                                                                                   |                                                                                                                           |                                                                                                                           |  |  |  |  |
|       |                                                                                         | bankrupt<br>and 3571 | cy case can result in fines up<br>I.                                                                                                                                                     | nt, concealing property, or obtaining mone<br>p to \$250,000, or imprisonment for up to 2                                 | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,                             |  |  |  |  |
|       |                                                                                         | Casie L              | e Lynn Jordan<br>Lynn Jordan<br>e of Debtor 1                                                                                                                                            | Signature of De                                                                                                           | btor 2                                                                                                                    |  |  |  |  |
|       |                                                                                         | Executed             |                                                                                                                                                                                          | Executed on                                                                                                               |                                                                                                                           |  |  |  |  |
|       |                                                                                         |                      | MM / DD / YYYY                                                                                                                                                                           |                                                                                                                           | MM / DD / YYYY                                                                                                            |  |  |  |  |

| Debtor 1 Casie Lynn Jorda                                                     | ın                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cas                      | e number (if known)                                 |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| For your attorney, if you are                                                 | I, the attorney for the debtor(s) named in this petition of the debtor o |                          | ( )                                                 |
| represented by one                                                            | under Chapter 7, 11, 12, or 13 of title 11, United Si<br>for which the person is eligible. I also certify that I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | debtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, cer schedules filed with the petition is incorrect.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | tify that I have no know | rledge after an inquiry that the information in the |
| . •                                                                           | /s/ Wesley W. Scott                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date                     | January 15, 2018                                    |
|                                                                               | Signature of Attorney for Debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | MM / DD / YYYY                                      |
|                                                                               | Wesley W. Scott 0264787 Printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                     |
|                                                                               | Kain & Scott, PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                     |
|                                                                               | 13 7th Avenue South                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                     |
|                                                                               | St. Cloud, MN 56301  Number, Street, City, State & ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                     |

Email address

elopau@kainscott.com

Contact phone (320) 252-0330

**0264787 MN**Bar number & State

| Fill       | in this information to identify your case:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                             |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|
| Del        | otor 1 Casie Lynn Jordan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                             |
| Del        | First Name Middle Name Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                             |
|            | use if, filing) First Name Middle Name Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                             |
| Uni        | ted States Bankruptcy Court for the: DISTRICT OF MINNESOTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                             |
|            | te number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _                | eck if this is an           |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ame              | ended filing                |
| <u>~</u> ' | T. 1. 1. F 4000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                             |
|            | ficial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | 12/15                       |
| Be a       | s complete and accurate as possible. If two married people are filing together, both are equally responsible f<br>rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend<br>original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | ring correct                |
| ı aı       | Outsidance Four Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Value            |                             |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | assets<br>e of what you own |
| 1.         | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$               | 134,100.00                  |
|            | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$               | 7,755.00                    |
|            | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$               | 141,855.00                  |
| Par        | 2: Summarize Your Liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                             |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Your             | liabilities                 |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | unt you owe                 |
| 2.         | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$_              | 82,390.00                   |
| 3.         | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$               | 2.00                        |
|            | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$_              | 54,829.07                   |
|            | Your total liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$               | 137,221.07                  |
| Par        | 3: Summarize Your Income and Expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                             |
| 4.         | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$               | 5,438.00                    |
| 5.         | Schedule J: Your Expenses (Official Form 106J)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · —              | 5,208.00                    |
| Par        | Copy your monthly expenses from line 22c of Schedule J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$_              | 3,200.00                    |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                             |
| 6.         | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your content of | ur other s       | schedules.                  |
| 7.         | ■ Yes What kind of debt do you have?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                             |
|            | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | a person         | al, family, or              |
|            | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s <i>box</i> and | submit this form to         |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,422.83

\$

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:                                                                             | Total cl | aim      |
|------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$       | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$       | 2.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$       | 0.00     |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$       | 6,954.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$       | 6,956.00 |

| Debt         | or 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Casie Lynn                                | Jordan                |                      |                                                                                                                                                                                                                                                                                             |                                                             |                                                                               |                                                                                                      |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First Name                                |                       | dle Name             | Last Name                                                                                                                                                                                                                                                                                   |                                                             |                                                                               |                                                                                                      |
| Debt<br>Spou | or 2<br>se, if filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | First Name                                | Midd                  | dle Name             | Last Name                                                                                                                                                                                                                                                                                   |                                                             |                                                                               |                                                                                                      |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                       |                      |                                                                                                                                                                                                                                                                                             |                                                             |                                                                               |                                                                                                      |
| Jnite        | ed States Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ruptcy Court for                          | the: DISTRICT         | I OF MIN             | NESOTA                                                                                                                                                                                                                                                                                      |                                                             |                                                                               |                                                                                                      |
| Case         | number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                       |                      |                                                                                                                                                                                                                                                                                             |                                                             |                                                                               | ☐ Check if this is a                                                                                 |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                       |                      |                                                                                                                                                                                                                                                                                             |                                                             |                                                                               | amended filing                                                                                       |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                       |                      |                                                                                                                                                                                                                                                                                             |                                                             |                                                                               |                                                                                                      |
| <b>)</b> ff  | icial Forr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | n 106A/E                                  | <u> </u>              |                      |                                                                                                                                                                                                                                                                                             |                                                             |                                                                               |                                                                                                      |
| SC           | hedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A/B: Pi                                   | operty                |                      |                                                                                                                                                                                                                                                                                             |                                                             |                                                                               | 12/15                                                                                                |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | <u> </u>              | t an asset           | only once. If an asset fits in more than o                                                                                                                                                                                                                                                  | ne category. li                                             | st the asset in                                                               | the category where you                                                                               |
| Ю            | you own or nav                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e ally legal of eq                        | ultable iliterest ili | arry resid           | ence, building, land, or similar property?                                                                                                                                                                                                                                                  |                                                             |                                                                               |                                                                                                      |
| Ξ            | No. Go to Part 2<br>Yes. Where is th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                       |                      |                                                                                                                                                                                                                                                                                             |                                                             |                                                                               |                                                                                                      |
| •            | Yes. Where is the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ne property?                              | cription              | What<br>_ <b>■</b> □ | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative                                                                                                                                                                           | the amoun                                                   | nt of any secure                                                              | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ms Secured by Property.                 |
| •            | Yes. Where is the second of th | ne property?  Or S vailable, or other des | ·                     | _ ■                  | Single-family home  Duplex or multi-unit building                                                                                                                                                                                                                                           | the amour Creditors                                         | nt of any secure                                                              | d claims on Schedule D:                                                                              |
| •            | Yes. Where is the second of th | or S vailable, or other des               | 55302-0000            |                      | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land                                                                                                                                                                               | Current veentire pro                                        | nt of any secure Who Have Clain alue of the sperty?                           | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?               |
|              | Yes. Where is the second of th | ne property?  Or S vailable, or other des | ·                     |                      | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property                                                                                                                                                           | Current vientire pro                                        | nt of any secure Who Have Clair alue of the eperty? 34,100.00                 | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$134,100.0   |
| •            | Yes. Where is the second of th | or S vailable, or other des               | 55302-0000            |                      | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land                                                                                                                                                                               | Current veentire pro                                        | alue of the perty?  34,100.00  the nature of y                                | cour ownership interest                                                                              |
| •            | Yes. Where is the second of th | or S vailable, or other des               | 55302-0000            | - <b>•</b>           | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare                                                                                                                                                 | Current veentire pro \$1  Describe (such as forms)          | alue of the perty?  34,100.00  the nature of y                                | cour ownership interest                                                                              |
|              | Yes. Where is the second of th | or S vailable, or other des               | 55302-0000            |                      | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other                                                                                                                                           | Current veentire pro \$1  Describe (such as forms)          | alue of the perty?  34,100.00  the nature of y fee simple, ten                | cour ownership interest                                                                              |
|              | Yes. Where is the second of th | or S vailable, or other des               | 55302-0000            | -                    | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only                                                                    | Current veentire pro \$1  Describe (such as forms)          | alue of the perty?  34,100.00  the nature of y fee simple, ten                | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? \$134,100.0   |
| •            | Yes. Where is the second of th | or S vailable, or other des               | 55302-0000            |                      | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                         | Current vientire pro \$1  Describe (such as a life esta     | alue of the perty?  34,100.00 the nature of y fee simple, ten te), if known.  | cour ownership interest                                                                              |
| •            | Yes. Where is the second of th | or S vailable, or other des               | 55302-0000            | Who                  | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current vientire pro \$1  Describe (such as to a life esta) | alue of the operty?  34,100.00  the nature of yfee simple, ten te), if known. | Current value of the portion you own? \$134,100.0  rour ownership interest ancy by the entireties, o |
| _            | Yes. Where is the second of th | or S vailable, or other des               | 55302-0000            |                      | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                         | Current vientire pro \$1  Describe (such as to a life esta) | alue of the operty?  34,100.00  the nature of yfee simple, ten te), if known. | Current value of the portion you own? \$134,100.0  rour ownership interest ancy by the entireties, o |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

| Jebli    |                 | asie Lynn Jordan                                              |                                                                                                                        | se number (ir known)                     |                                                                                   |
|----------|-----------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------|
| Ca       | rs, vans,       | trucks, tractors, sport                                       | utility vehicles, motorcycles                                                                                          |                                          |                                                                                   |
|          |                 |                                                               |                                                                                                                        |                                          |                                                                                   |
| •        | Yes             |                                                               |                                                                                                                        |                                          |                                                                                   |
| 0.4      | Maker           | Chevy                                                         | Who has an interest in the manager 2 Obelian                                                                           | Do not deduct secured of                 | laims or exemptions. Put                                                          |
| 3.1      | Make:           | Cavalier                                                      | Who has an interest in the property? Check one                                                                         | the amount of any secur                  | ed claims on Schedule D:<br>ims Secured by Property.                              |
|          | Model:<br>Year: | 2000                                                          | Debtor 1 only  Debtor 2 only                                                                                           |                                          |                                                                                   |
|          |                 | nate mileage:                                                 | Debtor 1 and Debtor 2 only                                                                                             | Current value of the<br>entire property? | Current value of the<br>portion you own?                                          |
|          | Other inf       | formation:                                                    | ☐ At least one of the debtors and another                                                                              |                                          |                                                                                   |
|          |                 |                                                               | Check if this is community property (see instructions)                                                                 | \$500.00                                 | \$500.00                                                                          |
|          | amples: B       |                                                               | ATVs and other recreational vehicles, other vehicles, and sonal watercraft, fishing vessels, snowmobiles, motorcycle a |                                          |                                                                                   |
|          | Yes             |                                                               |                                                                                                                        |                                          |                                                                                   |
| 4.1      | Make:           | Harley                                                        | Who has an interest in the property? Check one                                                                         |                                          | laims or exemptions. Put ed claims on Schedule D:                                 |
|          | Model:          | Sportster                                                     | Debtor 1 only                                                                                                          |                                          | ims Secured by Property.                                                          |
|          | Year:           | 2000                                                          | Debtor 2 only                                                                                                          | Current value of the                     | Current value of the                                                              |
|          | O4h :           | ·                                                             | ☐ Debtor 1 and Debtor 2 only                                                                                           | entire property?                         | portion you own?                                                                  |
|          | Other in        | ormation:                                                     | ☐ At least one of the debtors and another☐ Check if this is community property                                         | \$800.00                                 | \$800.00                                                                          |
|          |                 |                                                               | (see instructions)                                                                                                     | Ψοσο.σο                                  | Ψοσοιοί                                                                           |
|          | ages you        |                                                               | n you own for all of your entries from Part 2, including an  2. Write that number here                                 |                                          | \$1,300.00                                                                        |
|          |                 |                                                               | itable interest in any of the following items?                                                                         |                                          | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|          | kamples:<br>No  | goods and furnishings<br>Major appliances, furnitur<br>scribe | re, linens, china, kitchenware                                                                                         |                                          |                                                                                   |
|          |                 | Househo                                                       | old Goods, Furnishings, Major and Minor Applianc                                                                       | es                                       | \$4,000.0                                                                         |
| Ex       | No              | Televisions and radios; a                                     | udio, video, stereo, and digital equipment; computers, printer<br>meras, media players, games                          | rs, scanners; music collect              | ions; electronic devices                                                          |
|          |                 | Electron                                                      | ics-Two TV's, Two Computers, Three Cell Phones                                                                         |                                          | \$500.0                                                                           |
|          |                 |                                                               |                                                                                                                        |                                          |                                                                                   |
| <i>E</i> | kamples:<br>No  | other collections, memor                                      | aintings, prints, or other artwork; books, pictures, or other art<br>abilia, collectibles                              | objects; stamp, coin, or ba              | aseball card collections;                                                         |
|          | Yes. De         | scribe                                                        |                                                                                                                        |                                          |                                                                                   |

| ט  | ebior i Casie Lynn                                                               | Jordan Case number (if known)                                                                     | ·                                                                                 |
|----|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|    |                                                                                  | Deales and Bistones                                                                               | \$10.00                                                                           |
|    |                                                                                  | Books and Pictures                                                                                | \$10.00                                                                           |
| 9. | Equipment for sports a  Examples: Sports, photo musical instr  No  Yes. Describe | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes    | and kayaks; carpentry tools;                                                      |
|    |                                                                                  | Bumper Pool Table                                                                                 | \$0.00                                                                            |
|    |                                                                                  |                                                                                                   |                                                                                   |
| 10 | <ul><li>Firearms</li></ul>                                                       | s, shotguns, ammunition, and related equipment                                                    |                                                                                   |
| 11 | . Clothes                                                                        | ather from Leathern and designations about a second size                                          |                                                                                   |
|    | No     ■ Yes. Describe                                                           | othes, furs, leather coats, designer wear, shoes, accessories                                     |                                                                                   |
|    |                                                                                  | Clothing                                                                                          | \$100.00                                                                          |
| 12 | . <b>Jewelry</b> Examples: Everyday je □ No ■ Yes. Describe                      | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,         |                                                                                   |
|    |                                                                                  | Wedding Ring and Costume Jewelry                                                                  | \$1,000.00                                                                        |
| 13 | . Non-farm animals  Examples: Dogs, cats,  □ No  ■ Yes. Describe                 | birds, horses                                                                                     |                                                                                   |
|    |                                                                                  | 3 Dogs: "Rosie" "Sadie" "Oakley"                                                                  | \$10.00                                                                           |
| 14 | . Any other personal an  ■ No □ Yes. Give specific inf                           | nd household items you did not already list, including any health aids you did not list           |                                                                                   |
| 15 |                                                                                  | of all of your entries from Part 3, including any entries for pages you have attached number here | \$5,620.00                                                                        |
| Pa | art 4: Describe Your Finan                                                       | icial Assets                                                                                      |                                                                                   |
| D  | o you own or have any I                                                          | egal or equitable interest in any of the following?                                               | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16 | □ No                                                                             | have in your wallet, in your home, in a safe deposit box, and on hand when you file your peti     | tion                                                                              |
|    |                                                                                  | Cash                                                                                              | \$10.00                                                                           |
|    |                                                                                  |                                                                                                   |                                                                                   |

Official Form 106A/B Schedule A/B: Property

page 3

| 17. | ,                                                                                                         |                            | s; certificates of deposit; shares in credit unions, brokerage hou<br>the same institution, list each.                                             | ises, and other similar                                      |
|-----|-----------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
|     | ☐ Yes                                                                                                     |                            | Institution name:                                                                                                                                  |                                                              |
| 18. | Bonds, mutual funds, or publicities: Bond funds, investment                                               |                            | age firms, money market accounts                                                                                                                   |                                                              |
|     | · · · ·                                                                                                   | Institution or issuer name | e:                                                                                                                                                 |                                                              |
| 19. | joint venture                                                                                             | nterests in incorporate    | ed and unincorporated businesses, including an interest in                                                                                         | n an LLC, partnership, and                                   |
|     | ■ No □ Yes. Give specific information a Nam                                                               | about them                 | % of ownership:                                                                                                                                    |                                                              |
| 20. | Negotiable instruments include pe                                                                         | ersonal checks, cashiers   | le and non-negotiable instruments s' checks, promissory notes, and money orders. r to someone by signing or delivering them.                       |                                                              |
|     | ☐ Yes. Give specific information a                                                                        | bout them<br>er name:      |                                                                                                                                                    |                                                              |
| 21. | Retirement or pension accounts  Examples: Interests in IRA, ERIS  No                                      |                            | o), thrift savings accounts, or other pension or profit-sharing pla                                                                                | ns                                                           |
|     | ■ Yes. List each account separate Type o                                                                  | ely.<br>f account:         | Institution name:                                                                                                                                  |                                                              |
|     |                                                                                                           |                            | 401(K) (estimated)                                                                                                                                 | \$500.00                                                     |
| 22. |                                                                                                           | s you have made so that    | t you may continue service or use from a company ic utilities (electric, gas, water), telecommunications companies Institution name or individual: | s, or others                                                 |
| 23. | . Annuities (A contract for a period                                                                      | ic payment of money to     | you, either for life or for a number of years)                                                                                                     |                                                              |
|     | ■ No □ Yes Issuer name                                                                                    | e and description.         |                                                                                                                                                    |                                                              |
| 24. |                                                                                                           | an account in a qualif     | ied ABLE program, or under a qualified state tuition progr                                                                                         | am.                                                          |
|     | ☐ Yes Institution na                                                                                      | ame and description. Se    | eparately file the records of any interests.11 U.S.C. § 521(c):                                                                                    |                                                              |
| 25. | ■ No                                                                                                      |                            | than anything listed in line 1), and rights or powers exerc                                                                                        | sable for your benefit                                       |
|     | ☐ Yes. Give specific information a                                                                        |                            |                                                                                                                                                    |                                                              |
| 26. | ■ No                                                                                                      | s, websites, proceeds fr   | ther intellectual property om royalties and licensing agreements                                                                                   |                                                              |
|     | ☐ Yes. Give specific information a                                                                        | about them                 |                                                                                                                                                    |                                                              |
| 27. | <ul> <li>Licenses, franchises, and other<br/>Examples: Building permits, exclusion</li> <li>No</li> </ul> |                            | ive association holdings, liquor licenses, professional licenses                                                                                   |                                                              |
|     | ☐ Yes. Give specific information a                                                                        | about them                 |                                                                                                                                                    |                                                              |
| M   | oney or property owed to you?                                                                             |                            |                                                                                                                                                    | Current value of the portion you own?  Do not deduct secured |

Debtor 1

Casie Lynn Jordan

| D   | ebtor 1          | Casie Lynn Jordan                                                                                                      |                                                                                 | Case number (if known)                 |                            |
|-----|------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------|----------------------------|
|     |                  |                                                                                                                        |                                                                                 |                                        | claims or exemptions.      |
| 28. | Tax refu<br>■ No | ınds owed to you                                                                                                       |                                                                                 |                                        |                            |
|     |                  | Give specific information about them                                                                                   | n, including whether you already filed the                                      | e returns and the tax years            |                            |
| 29  | ■ No             |                                                                                                                        | spousal support, child support, maintena                                        | ance, divorce settlement, property     | settlement                 |
| 30. | Examp            | mounts someone owes you les: Unpaid wages, disability insural benefits; unpaid loans you mad Give specific information | nce payments, disability benefits, sick pa<br>e to someone else                 | ay, vacation pay, workers' compen      | sation, Social Security    |
| 31. | . Interest       | s in insurance policies                                                                                                |                                                                                 |                                        |                            |
|     | Example No       | les: Health, disability, or life insuran                                                                               | ce; health savings account (HSA); credit                                        | , homeowner's, or renter's insuran     | ce                         |
|     |                  | lame the insurance company of eac<br>Company nan                                                                       |                                                                                 | Beneficiary:                           | Surrender or refund value: |
| 32. | If you a someon  | erest in property that is due you for the beneficiary of a living trust, end has died.  Give specific information      | rom someone who has died<br>xpect proceeds from a life insurance pol            | icy, or are currently entitled to rece | ive property because       |
| 33. | Example ■ No     | against third parties, whether or les: Accidents, employment dispute                                                   | not you have filed a lawsuit or made a<br>s, insurance claims, or rights to sue | a demand for payment                   |                            |
| 0.4 |                  |                                                                                                                        | f                                                                               | laima af tha dahtan and vivihta ta     | ant off plains             |
| 34. | ■ No             | Describe each claim                                                                                                    | s of every nature, including counterc                                           | aims of the debtor and rights to       | set off claims             |
| 35. | . Any fina       | ancial assets you did not already                                                                                      | list                                                                            |                                        |                            |
|     | ■ No             | Give specific information                                                                                              |                                                                                 |                                        |                            |
| 36  |                  |                                                                                                                        | es from Part 4, including any entries f                                         |                                        | \$510.00                   |
| Pa  | art 5: Des       | cribe Any Business-Related Property                                                                                    | You Own or Have an Interest In. List any re                                     | eal estate in Part 1.                  |                            |
|     | Do you o         | ,                                                                                                                      | rest in any business-related property?                                          |                                        |                            |
|     | _                | o to line 38.                                                                                                          |                                                                                 |                                        |                            |
| Pa  |                  | cribe Any Farm- and Commercial Fish<br>u own or have an interest in farmland, lis                                      | ning-Related Property You Own or Have an<br>at it in Part 1.                    | Interest In.                           |                            |
| 46  | _                | own or have any legal or equitab                                                                                       | le interest in any farm- or commercial                                          | fishing-related property?              |                            |
|     | _                | Go to line 47.                                                                                                         |                                                                                 |                                        |                            |

Official Form 106A/B Schedule A/B: Property page 5

Debtor 1

| Deb  | otor 1 | Casie Lynn Jordan                                                                                                          |                    | Case number (if known)       |              |
|------|--------|----------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------|--------------|
| Part | 7:     | Describe All Property You Own or Have an Interest in That You D                                                            | Oid Not List Above |                              |              |
|      |        | have other property of any kind you did not already list?<br>oles: Season tickets, country club membership                 |                    |                              |              |
|      | Yes.   | Give specific information                                                                                                  |                    |                              |              |
|      |        | 50% Miscellaneous Hand Tools, S                                                                                            | Snowblower, Law    | vn Mower (\$250.00)          | \$125.00     |
|      |        | Husband is holding money in his                                                                                            | account for her.   | _                            | \$200.00     |
|      |        | Husband owns bank account, clo<br>Silverado, pension, old pontoon a<br>property. Not part of the bankrup<br>purposes only. | and other miscel   | laneous personal             | \$0.00       |
| 54.  | Add t  | the dollar value of all of your entries from Part 7. Write that                                                            | number here        |                              | \$325.00     |
| Part | 8:     | List the Totals of Each Part of this Form                                                                                  |                    |                              |              |
|      |        | 1: Total real estate, line 2<br>2: Total vehicles, line 5                                                                  | <br>\$1,300.00     |                              | \$134,100.00 |
|      |        | 3: Total personal and household items, line 15                                                                             | \$5,620.00         |                              |              |
| 58.  | Part 4 | 1: Total financial assets, line 36                                                                                         | \$510.00           |                              |              |
| 59.  | Part 5 | 5: Total business-related property, line 45                                                                                | \$0.00             |                              |              |
| 60.  | Part 6 | 6: Total farm- and fishing-related property, line 52                                                                       | \$0.00             |                              |              |
| 61.  | Part 7 | 7: Total other property not listed, line 54 +                                                                              | \$325.00           |                              |              |
| 62.  | Total  | personal property. Add lines 56 through 61                                                                                 | \$7,755.00         | Copy personal property total | \$7,755.00   |
| 63.  | Total  | of all property on Schedule A/B. Add line 55 + line 62                                                                     |                    |                              | \$141,855.00 |

Official Form 106A/B Schedule A/B: Property page 6

### **EXHIBIT A**

### LEGAL DESCRIPTION

State of Minnesota

Wright County

That part of the Northeast Quarter of the Southeast Quarter of Section 30, Township 121, Range 27, Wright County, Minnesota described as follows: Commencing at the Southwest corner of said Northeast Quarter of the Southeast Quarter, thence North along the West line of said Northeast Quarter of the Southeast Quarter, a distance of 200.00 feet; thence East parallel with the South line of said Northeast Quarter of the Southeast Quarter along a line hereinafter referred to as Line A, a distance of 432.00 feet to the point of beginning of the land to be described; thence South parallel with said West line of the Northeast Quarter of the Southeast Quarter, a distance of 85.00 feet; thence West parallel with the South line of said Northeast Quarter of the Southeast Quarter, a distance of 35.00 feet; thence South parallel with said West line of the Northeast Quarter of the Southeast Quarter, a distance of 115.00 feet to said South line of the Northeast Quarter of the Southeast Quarter; thence East along said South line, a distance of 115.00 feet; thence North parallel with said West line of the Northeast Quarter of the Southeast Quarter along a line hereinafter referred to as Line B, a distance of 160.01 feet; thence East and parallel with said South line of the Northeast Quarter of the Southeast Quarter, a distance of 5.52 feet; thence North parallel with said West line of the Northeast Quarter of the Southeast Quarter, a distance of 35.00 feet; thence West parallel with said South line of the Northeast Quarter of the Southeast Quarter, a distance of 5.52 feet to the Northerly extension of Line B; thence North along said Northerly extension line, a distance of 4.99 feet to the Easterly extension of said Line A; thence West along said extension line, a distance of 80.00 feet to the point of beginning.

(Abstract Property)

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                               |                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                                                          | -                                                                                                                                            |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Fill                                                   | l in this inform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nation to identify your ca                                                                                                                                    | ise:                                                                                                                                                                               |                                                      |                                                                                                                                                                                                                                          |                                                                                                                                              |
| De                                                     | btor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Casie Lynn Jordan                                                                                                                                             |                                                                                                                                                                                    |                                                      | ant Name                                                                                                                                                                                                                                 |                                                                                                                                              |
|                                                        | ebtor 2<br>ouse if, filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | First Name                                                                                                                                                    | Middle Name  Middle Name                                                                                                                                                           |                                                      | ast Name                                                                                                                                                                                                                                 |                                                                                                                                              |
| Un                                                     | ited States Bar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nkruptcy Court for the:                                                                                                                                       | DISTRICT OF MINNESOTA                                                                                                                                                              |                                                      |                                                                                                                                                                                                                                          |                                                                                                                                              |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                               |                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                                                          |                                                                                                                                              |
|                                                        | nown)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                               |                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                                                          | ☐ Check if this is an amended filing                                                                                                         |
|                                                        | fficial Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               | perty You Cla                                                                                                                                                                      | im                                                   | as Exempt                                                                                                                                                                                                                                | 4/16                                                                                                                                         |
| the<br>nee<br>case<br>For<br>spe<br>any<br>fun-<br>exe | property you list ded, fill out and e number (if kn each item of periodic dollar and applicable stands applicable unmetion to a particular applicable unmetion to a particular applicable applicable applicable unmetion to a particular applicable applicabl | sted on Schedule A/B: Product attach to this page as moown).  property you claim as expount as exempt. Alternatutory limit. Some exemptimited in dollar amour | eperty (Official Form 106A/B)<br>any copies of Part 2: Addition<br>tempt, you must specify thatively, you may claim the forptions—such as those for<br>t. However, if you claim an | as yo<br>nal Pa<br>e amo<br>ull fai<br>healt<br>exem | our source, list the property that you<br>ige as necessary. On the top of any<br>ount of the exemption you claim. (<br>ir market value of the property be<br>th aids, rights to receive certain b<br>inption of 100% of fair market valu | additional pages, write your name and  One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y the Property You Clair                                                                                                                                      | •                                                                                                                                                                                  | ••                                                   |                                                                                                                                                                                                                                          |                                                                                                                                              |
| 1.                                                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | ming? Check one only, eve                                                                                                                                                          | •                                                    |                                                                                                                                                                                                                                          |                                                                                                                                              |
|                                                        | ■ You are cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | aiming state and federal n                                                                                                                                    | onbankruptcy exemptions.                                                                                                                                                           | 11 U.S                                               | S.C. § 522(b)(3)                                                                                                                                                                                                                         |                                                                                                                                              |
|                                                        | ☐ You are cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | aiming federal exemptions                                                                                                                                     | . 11 U.S.C. § 522(b)(2)                                                                                                                                                            |                                                      |                                                                                                                                                                                                                                          |                                                                                                                                              |
| 2.                                                     | For any prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | erty you list on Schedul                                                                                                                                      | e A/B that you claim as exe                                                                                                                                                        | empt,                                                | fill in the information below.                                                                                                                                                                                                           |                                                                                                                                              |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on of the property and line that lists this property                                                                                                          | portion you own                                                                                                                                                                    |                                                      | ount of the exemption you claim                                                                                                                                                                                                          | Specific laws that allow exemption                                                                                                           |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                               | Copy the value from<br>Schedule A/B                                                                                                                                                | Che                                                  | eck only one box for each exemption.                                                                                                                                                                                                     |                                                                                                                                              |
|                                                        | 265 Myrtle I<br>Wright Cou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Or S Annandale, MN 5<br>nty                                                                                                                                   | 5302 \$134,100.00                                                                                                                                                                  | •                                                    | \$51,710.00                                                                                                                                                                                                                              | Minn. Stat. §§ 510.01, 510.02                                                                                                                |
|                                                        | Property<br>Legally Des<br>SEE ATTAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | esidence: Homestead<br>cribed As:<br>CHED EXHIBIT A<br>redule A/B: 1.1                                                                                        | Real                                                                                                                                                                               |                                                      | 100% of fair market value, up to any applicable statutory limit                                                                                                                                                                          |                                                                                                                                              |
|                                                        | 2000 Chevy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Cavalier                                                                                                                                                      | \$500.00                                                                                                                                                                           |                                                      | \$500.00                                                                                                                                                                                                                                 | Minn. Stat. § 550.37 subd. 12a                                                                                                               |
|                                                        | Line Hom Gor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3440 / V.D. 911                                                                                                                                               |                                                                                                                                                                                    |                                                      | 100% of fair market value, up to any applicable statutory limit                                                                                                                                                                          |                                                                                                                                              |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Goods, Furnishings,<br>Ilinor Appliances                                                                                                                      | \$4,000.00                                                                                                                                                                         |                                                      | \$4,000.00                                                                                                                                                                                                                               | Minn. Stat. § 550.37 subd. 4(b)                                                                                                              |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nedule A/B: <b>6.1</b>                                                                                                                                        |                                                                                                                                                                                    |                                                      | 100% of fair market value, up to any applicable statutory limit                                                                                                                                                                          |                                                                                                                                              |

\$500.00

Electronics-Two TV's, Two Computers, Three Cell Phones

Line from Schedule A/B: 7.1

Minn. Stat. § 550.37 subd. 4(b)

\$500.00

100% of fair market value, up to any applicable statutory limit

| Debt | otor 1 Casie Lynn Jordan                                                                                                 |                                     |                                   | Case number (if known)                                          |                                    |
|------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------------------------------------|------------------------------------|
|      | Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own |                                     | Amount of the exemption you claim |                                                                 | Specific laws that allow exemption |
|      |                                                                                                                          | Copy the value from<br>Schedule A/B | Che                               | eck only one box for each exemption.                            |                                    |
|      | Books and Pictures Line from Schedule A/B: 8.1                                                                           | \$10.00                             |                                   | \$10.00                                                         | Minn. Stat. § 550.37 subd. 4(b)    |
|      | Enternolli Gonodalo 702. GTT                                                                                             |                                     |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Clothing Line from Schedule A/B: 11.1                                                                                    | \$100.00                            |                                   | \$100.00                                                        | Minn. Stat. § 550.37 subd. 4(a)    |
|      | Line Holli Schedule PAB. 11.1                                                                                            |                                     |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Wedding Ring and Costume Jewelry Line from Schedule A/B: 12.1                                                            | \$1,000.00                          |                                   | \$1,000.00                                                      | Minn. Stat. § 550.37 subd. 4(c)    |
| L    | Ellic Holli Genedale FAB. 12.1                                                                                           |                                     |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Cash Line from Schedule A/B: 16.1                                                                                        | \$10.00                             |                                   | \$7.50                                                          | Minn. Stat. § 550.37 subd. 13      |
|      | Ellic Holli Genedale FAB. 10.1                                                                                           |                                     |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | 401(K) (estimated) Line from Schedule A/B: 21.1                                                                          | \$500.00                            |                                   | \$500.00                                                        | Minn. Stat. § 550.37 subd. 24      |
|      | Line from Schedule AVD. 21.1                                                                                             |                                     |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every                                       | 3 years after that for ca           | ases fi                           | ·                                                               |                                    |
|      | Yes. Did you acquire the property cover  No                                                                              | red by the exemption wi             | ithin 1                           | ,215 days before you filed this case                            | ?                                  |
|      | □ Yes                                                                                                                    |                                     |                                   |                                                                 |                                    |

## **EXHIBIT A**

#### LEGAL DESCRIPTION

State of Minnesota

Wright County

That part of the Northeast Quarter of the Southeast Quarter of Section 30, Township 121, Range 27, Wright County, Minnesota described as follows: Commencing at the Southwest corner of said Northeast Quarter of the Southeast Quarter: thence North along the West line of said Northeast Quarter of the Southeast Quarter, a distance of 200,00 feet; thence East parallel with the South line of said Northeast Quarter of the Southeast Quarter along a line hereinafter referred to as Line A, a distance of 432.00 feet to the point of beginning of the land to be described; thence South parallel with said West line of the Northeast Quarter of the Southeast Quarter, a distance of 85.00 feet; thence West parallel with the South line of said Northeast Quarter of the Southeast Quarter, a distance of 35.00 feet; thence South parallel with said West line of the Northeast Quarter of the Southeast Quarter, a distance of 115.00 feet to said South line of the Northeast Quarter of the Southeast Quarter; thence East along said South line, a distance of 115.00 feet; thence North parallel with said West line of the Northeast Quarter of the Southeast Quarter along a line hereinafter referred to as Line B, a distance of 160.01 feet; thence East and parallel with said South line of the Northeast Quarter of the Southeast Quarter, a distance of 5.52 feet; thence North parallel with said West line of the Northeast Quarter of the Southeast Quarter, a distance of 35.00 feet; thence West parallel with said South line of the Northeast Quarter of the Southeast Quarter, a distance of 5.52 feet to the Northerly extension of Line B; thence North along said Northerly extension line, a distance of 4.99 feet to the Easterly extension of said Line A; thence West along said extension line, a distance of 80.00 feet to the point of beginning.

(Abstract Property)

| Fill in this informat              | tion to identify you    | ır case:                                                                                                           |                                                        |                                              |                          |
|------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|--------------------------|
| Debtor 1                           | Casie Lynn Jor          | dan                                                                                                                |                                                        |                                              |                          |
| -                                  | First Name              | Middle Name Last Name                                                                                              |                                                        |                                              |                          |
| Debtor 2                           | E AN                    |                                                                                                                    |                                                        |                                              |                          |
| (Spouse if, filing)                | First Name              | Middle Name Last Name                                                                                              |                                                        |                                              |                          |
| United States Bankr                | ruptcy Court for the    | DISTRICT OF MINNESOTA                                                                                              |                                                        |                                              |                          |
| Case number                        |                         |                                                                                                                    |                                                        | ☐ Check                                      | if this is an            |
|                                    |                         |                                                                                                                    |                                                        | amend                                        | led filing               |
| Official Form                      | 106D                    |                                                                                                                    |                                                        |                                              |                          |
|                                    |                         | Who Have Claims Secured                                                                                            | by Property                                            | V                                            | 12/15                    |
|                                    |                         |                                                                                                                    | <u> </u>                                               |                                              | If                       |
|                                    |                         | If two married people are filing together, both are equ<br>out, number the entries, and attach it to this form. On |                                                        |                                              |                          |
| 1. Do any creditors ha             | ve claims secured b     | y your property?                                                                                                   |                                                        |                                              |                          |
| □ No. Check th                     | is box and submit t     | his form to the court with your other schedules. You                                                               | u have nothing else to                                 | report on this form.                         |                          |
| Yes. Fill in al                    | I of the information    | below.                                                                                                             |                                                        |                                              |                          |
| Part 1: List All S                 | Secured Claims          |                                                                                                                    |                                                        |                                              |                          |
| •                                  |                         | more than one secured claim, list the creditor separately                                                          | Column A                                               | Column B                                     | Column C                 |
| for each claim. If more            | e than one creditor has | s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.           | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Mortgage Se                    | ervice Cente            | Describe the property that secures the claim:                                                                      | \$82,390.00                                            | \$134,100.00                                 | \$0.00                   |
| Creditor's Name                    |                         | 265 Myrtle Dr S Annandale, MN                                                                                      |                                                        |                                              |                          |
|                                    |                         | 55302 Wright County                                                                                                |                                                        |                                              |                          |
|                                    |                         | Debtor's Residence: Homestead                                                                                      |                                                        |                                              |                          |
|                                    |                         | Real Property Legally Described As:                                                                                |                                                        |                                              |                          |
|                                    |                         | SEE ATTACHED EXHIBIT A                                                                                             |                                                        |                                              |                          |
| 1 Mortgage                         | Way                     | As of the date you file, the claim is: Check all that                                                              |                                                        |                                              |                          |
| Mt Laurel, N                       |                         | apply. ☐ Contingent                                                                                                |                                                        |                                              |                          |
|                                    | ty, State & Zip Code    | ☐ Unliquidated                                                                                                     |                                                        |                                              |                          |
| ramber, enect, en                  | ty, clate a zip code    | ☐ Disputed                                                                                                         |                                                        |                                              |                          |
| Who owes the debt                  | ? Check one.            | Nature of lien. Check all that apply.                                                                              |                                                        |                                              |                          |
| Debtor 1 only                      |                         | ■ An agreement you made (such as mortgage or secu                                                                  | red                                                    |                                              |                          |
| ☐ Debtor 2 only                    |                         | car loan)                                                                                                          |                                                        |                                              |                          |
| ☐ Debtor 1 and Debto               | or 2 only               | ☐ Statutory lien (such as tax lien, mechanic's lien)                                                               |                                                        |                                              |                          |
| ☐ At least one of the              | debtors and another     | ☐ Judgment lien from a lawsuit                                                                                     |                                                        |                                              |                          |
| Check if this claim community debt | n relates to a          | Other (including a right to offset) First Mortga                                                                   | ge                                                     |                                              |                          |
|                                    | Opened                  |                                                                                                                    |                                                        |                                              |                          |
|                                    | 1/01/11                 |                                                                                                                    |                                                        |                                              |                          |
|                                    | Last Active             | 0622                                                                                                               |                                                        |                                              |                          |
| Date debt was incurre              | ed 4/10/15              | Last 4 digits of account number 0622                                                                               |                                                        |                                              |                          |
|                                    |                         |                                                                                                                    |                                                        |                                              |                          |
| Add the deller welve               | o of your ontrine in C  | column A on this name. Write that number have                                                                      | ¢00.00                                                 | 0.00                                         |                          |
| Add the dollar value               | e or your entries in C  | olumn A on this page. Write that number here:                                                                      | \$82,39                                                | 0.00                                         |                          |

# If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any

\$82,390.00

debts in Part 1, do not fill out or submit this page.

| Depto | or 1 Casie Lynn .                                                  | Jordan                     |           | Case number (if know)                               |
|-------|--------------------------------------------------------------------|----------------------------|-----------|-----------------------------------------------------|
|       | First Name                                                         | Middle Name                | Last Name |                                                     |
|       | Name, Number, Street<br>Loancare<br>PO Box 8068<br>Virginia Beach. | et, City, State & Zip Code |           | On which line in Part 1 did you enter the creditor? |

| Fill in this informa                  | ation to identify your c                                         | ase:                            |                                                                                                                        |                          |                 |            |                    |
|---------------------------------------|------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|------------|--------------------|
| Debtor 1                              | Casie Lynn Jordar                                                |                                 |                                                                                                                        |                          |                 |            |                    |
|                                       | First Name                                                       | Middle Name                     | Last Name                                                                                                              | _                        |                 |            |                    |
| Debtor 2<br>(Spouse if, filing)       | First Name                                                       | Middle Name                     | Last Name                                                                                                              |                          |                 |            |                    |
| (Spouse II, IIIIIIg)                  | riist Name                                                       | Middle Name                     | Last Name                                                                                                              |                          |                 |            |                    |
| United States Bank                    | kruptcy Court for the:                                           | DISTRICT OF MINNES              | ОТА                                                                                                                    |                          |                 |            |                    |
| Case number                           |                                                                  |                                 |                                                                                                                        |                          |                 |            |                    |
| (if known)                            |                                                                  |                                 |                                                                                                                        |                          |                 | Check      | if this is an      |
|                                       |                                                                  |                                 |                                                                                                                        |                          |                 | amend      | ed filing          |
| Official Form                         | 106E/E                                                           |                                 |                                                                                                                        |                          |                 |            |                    |
|                                       |                                                                  | no Have Unsecu                  | red Claima                                                                                                             |                          |                 |            | 12/15              |
|                                       |                                                                  |                                 | RIORITY claims and Part 2 fo                                                                                           |                          |                 |            |                    |
| Schedule D: Creditor                  | s Who Have Claims Secu<br>nuation Page to this page              | red by Property. If more sp     | 06G). Do not include any creace is needed, copy the Par<br>in to report in a Part, do not                              | t you need, fill it out, | number the      | entries in | the boxes on the   |
| Part 1: List All                      | of Your PRIORITY Uns                                             | ecured Claims                   |                                                                                                                        |                          |                 |            |                    |
| 1. Do any creditors                   | s have priority unsecured                                        | claims against you?             |                                                                                                                        |                          |                 |            |                    |
| ☐ No. Go to Par                       | rt 2.                                                            |                                 |                                                                                                                        |                          |                 |            |                    |
| Yes.                                  |                                                                  |                                 |                                                                                                                        |                          |                 |            |                    |
| identify what type possible, list the | e of claim it is. If a claim has<br>claims in alphabetical order | both priority and nonpriority   | one priority unsecured claim, li<br>amounts, list that claim here a<br>ame. If you have more than tweditors in Part 3. | and show both priority a | nd nonpriori    | ty amount  | s. As much as      |
| (For an explanati                     | on of each type of claim, se                                     | e the instructions for this for | m in the instruction booklet.)                                                                                         |                          |                 |            |                    |
|                                       |                                                                  |                                 |                                                                                                                        | Total claim              | Priority amount |            | Nonpriority amount |
| 2.1 Internal F                        | Revenue Service                                                  | Last 4 digits of                | account number                                                                                                         | \$1.00                   |                 | \$1.00     | \$0.00             |
| Priority Cred                         |                                                                  | When wee the                    | debt incurred?                                                                                                         |                          | · ·             |            |                    |
| PO Box 7                              | ed Insolvency<br>7346                                            | when was the                    | debt incurred?                                                                                                         |                          | -               |            |                    |
|                                       | ohia, PA 19101                                                   |                                 |                                                                                                                        |                          |                 |            |                    |
|                                       | eet City State Zlp Code                                          | As of the date                  | you file, the claim is: Check                                                                                          | all that apply           |                 |            |                    |
| Who incurred                          | the debt? Check one.                                             | ☐ Contingent                    |                                                                                                                        |                          |                 |            |                    |
| Debtor 1 on                           | ly                                                               | ☐ Unliquidated                  | I                                                                                                                      |                          |                 |            |                    |
| Debtor 2 on                           | ly                                                               | ☐ Disputed                      |                                                                                                                        |                          |                 |            |                    |
| Debtor 1 and                          | d Debtor 2 only                                                  | Type of PRIOR                   | ITY unsecured claim:                                                                                                   |                          |                 |            |                    |
| ☐ At least one                        | of the debtors and another                                       | ☐ Domestic su                   | pport obligations                                                                                                      |                          |                 |            |                    |
|                                       | is claim is for a communi                                        | _                               | ertain other debts you owe the                                                                                         | aovernment               |                 |            |                    |
|                                       | bject to offset?                                                 | <i>'</i>                        | eath or personal injury while yo                                                                                       | •                        |                 |            |                    |
| ■ No                                  | -                                                                | ☐ Other. Spec                   |                                                                                                                        |                          |                 |            |                    |
| ☐ Yes                                 |                                                                  | - Other Spec                    | ,                                                                                                                      |                          |                 |            |                    |

| Debtor 1 Casie Lynn Jordan                                                                                                              | Case n                                                                                                                                                                                         | umber (if know)                 |                        |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------|---------------------------|
| 2.2 MN Dept of Revenue Priority Creditor's Name                                                                                         | Last 4 digits of account number                                                                                                                                                                | \$1.00                          | \$1.00                 | \$0.00                    |
| Attn Denise Jones - Bankru<br>PO Box 64447<br>Saint Paul, MN 55164                                                                      | Otcy When was the debt incurred?                                                                                                                                                               |                                 |                        |                           |
| Number Street City State Zlp Code                                                                                                       | As of the date you file, the claim is: Check all                                                                                                                                               | that apply                      |                        |                           |
| Who incurred the debt? Check one.                                                                                                       | ☐ Contingent                                                                                                                                                                                   |                                 |                        |                           |
| Debtor 1 only                                                                                                                           | ☐ Unliquidated                                                                                                                                                                                 |                                 |                        |                           |
| ☐ Debtor 2 only                                                                                                                         | ☐ Disputed                                                                                                                                                                                     |                                 |                        |                           |
| ☐ Debtor 1 and Debtor 2 only                                                                                                            | Type of PRIORITY unsecured claim:                                                                                                                                                              |                                 |                        |                           |
| ☐ At least one of the debtors and anothe                                                                                                | Domestic support obligations                                                                                                                                                                   |                                 |                        |                           |
| ☐ Check if this claim is for a commun                                                                                                   | ity debt Taxes and certain other debts you owe the g                                                                                                                                           | overnment                       |                        |                           |
| Is the claim subject to offset?                                                                                                         | Claims for death or personal injury while you                                                                                                                                                  | were intoxicated                |                        |                           |
| ■ No                                                                                                                                    | Other. Specify                                                                                                                                                                                 |                                 |                        |                           |
| ☐ Yes                                                                                                                                   |                                                                                                                                                                                                |                                 |                        |                           |
| unsecured claim, list the creditor separately                                                                                           | nims in the alphabetical order of the creditor who holds earlifor each claim. For each claim listed, identify what type of clast the other creditors in Part 3.If you have more than three nor | im it is. Do not list claims al | lready included in Par | t 1. If more<br>n Page of |
| 4.1 Allina Health                                                                                                                       | Last 4 digits of account number 8948                                                                                                                                                           |                                 |                        | \$2.985.02                |
| Nonpriority Creditor's Name PO Box 77008 Minneapolis, MN 55480-7708 Number Street City State Zlp Code Who incurred the debt? Check one. | When was the debt incurred?                                                                                                                                                                    | all that apply                  |                        | <del>\$2,903.02</del>     |
| Debtor 1 only                                                                                                                           | ☐ Contingent                                                                                                                                                                                   |                                 |                        |                           |
| Debtor 2 only                                                                                                                           | ☐ Unliquidated                                                                                                                                                                                 |                                 |                        |                           |
| Debtor 1 and Debtor 2 only                                                                                                              | □ Disputed                                                                                                                                                                                     |                                 |                        |                           |
| ☐ At least one of the debtors and ano                                                                                                   | ther Type of NONPRIORITY unsecured claim:                                                                                                                                                      |                                 |                        |                           |
| ☐ Check if this claim is for a comn debt  Is the claim subject to offset?                                                               | Student loans  Obligations arising out of a separation agreeport as priority claims                                                                                                            | reement or divorce that you     | did not                |                           |
| ■ No                                                                                                                                    | ☐ Debts to pension or profit-sharing plans, a                                                                                                                                                  | and other similar debts         |                        |                           |
| ☐ Yes                                                                                                                                   | ■ Other. Specify Medical                                                                                                                                                                       |                                 |                        |                           |
|                                                                                                                                         | ,                                                                                                                                                                                              |                                 |                        |                           |

| Jebto | r1 Casie Lynn Jordan                                                                      |                                                            | Case number (if know)                                  |             |
|-------|-------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|-------------|
| 1.2   | American Accounts & Adivsers  Nonpriority Creditor's Name                                 | Last 4 digits of account number                            | 2887                                                   | \$1,057.37  |
|       | 7460 80th Street S                                                                        | When was the debt incurred?                                |                                                        |             |
|       | Cottage Grove, MN 55016  Number Street City State Zlp Code                                | As of the date you file, the claim                         | ig. Chapt all that apply                               |             |
|       | Who incurred the debt? Check one.                                                         | As of the date you me, the claim                           | із. Спеск ан шасарріу                                  |             |
|       | Debtor 1 only                                                                             | ☐ Contingent                                               |                                                        |             |
|       | ☐ Debtor 2 only                                                                           | ☐ Unliquidated                                             |                                                        |             |
|       | ☐ Debtor 1 and Debtor 2 only                                                              | ☐ Disputed                                                 |                                                        |             |
|       | $\square$ At least one of the debtors and another                                         | Type of NONPRIORITY unsecure                               | d claim:                                               |             |
|       | Check if this claim is for a community                                                    | ☐ Student loans                                            |                                                        |             |
|       | debt Is the claim subject to offset?                                                      | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not          |             |
|       | No                                                                                        | Debts to pension or profit-shari                           | ng plans, and other similar debts                      |             |
|       | ☐ Yes                                                                                     | _ Collections                                              | s for Suburban Emergency<br>s; Metropolitan Anesthesia |             |
| .3    | Amex                                                                                      | Last 4 digits of account number                            | 2043                                                   | \$14,399.00 |
|       | Nonpriority Creditor's Name                                                               |                                                            | Opened 07/06 Last Active                               |             |
|       | Po Box 297871                                                                             | When was the debt incurred?                                | 6/25/15                                                |             |
|       | Fort Lauderdale, FL 33329  Number Street City State Zlp Code                              | As of the data you file, the alaim                         | ig. Check all that apply                               |             |
|       | Who incurred the debt? Check one.                                                         | As of the date you file, the claim                         | із: Спеск ан тат арріу                                 |             |
|       | ■ Debtor 1 only                                                                           | ☐ Contingent                                               |                                                        |             |
|       | Debtor 2 only                                                                             | ☐ Unliquidated                                             |                                                        |             |
|       | Debtor 1 and Debtor 2 only                                                                | ☐ Disputed                                                 |                                                        |             |
|       | ☐ At least one of the debtors and another                                                 | Type of NONPRIORITY unsecure                               | d claim:                                               |             |
|       | ☐ Check if this claim is for a community                                                  | ☐ Student loans                                            |                                                        |             |
|       | debt Is the claim subject to offset?                                                      | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not          |             |
|       | ■ No                                                                                      | Debts to pension or profit-shari                           | ng plans, and other similar debts                      |             |
|       | ☐ Yes                                                                                     | ■ Other. Specify Credit Care                               |                                                        |             |
| 4     | Annandale Public Schools                                                                  | Last 4 digits of account number                            | 1012                                                   | \$397.95    |
|       | Nonpriority Creditor's Name                                                               |                                                            |                                                        | ψ331.33     |
|       | PO Box 190                                                                                | When was the debt incurred?                                |                                                        |             |
|       | Annandale, MN 55302  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                               |             |
|       | Debtor 1 only                                                                             | ☐ Contingent                                               |                                                        |             |
|       | Debtor 2 only                                                                             | ☐ Unliquidated                                             |                                                        |             |
|       | Debtor 1 and Debtor 2 only                                                                | ☐ Disputed                                                 |                                                        |             |
|       | ☐ At least one of the debtors and another                                                 | Type of NONPRIORITY unsecure                               | d claim:                                               |             |
|       | ☐ Check if this claim is for a community                                                  | ☐ Student loans                                            |                                                        |             |
|       | debt<br>Is the claim subject to offset?                                                   | report as priority claims                                  | aration agreement or divorce that you did not          |             |
|       | ■ No                                                                                      | ☐ Debts to pension or profit-shari                         | ng plans, and other similar debts                      |             |
|       | ☐ Yes                                                                                     | Other. Specify                                             |                                                        |             |

| Casie Lynn Jordan                                                            |                                                              | Case number (if know)                         |            |
|------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------|
| Bankamerica<br>Nonpriority Creditor's Name                                   | Last 4 digits of account number                              | <u></u>                                       | \$5,360.00 |
| Po Box 982238<br>El Paso, TX 79998                                           | When was the debt incurred?                                  | Opened 08/04 Last Active 1/29/15              |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.         | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Debtor 1 only                                                                | ☐ Contingent                                                 |                                               |            |
| ☐ Debtor 2 only                                                              | ☐ Unliquidated                                               |                                               |            |
| ☐ Debtor 1 and Debtor 2 only                                                 | ☐ Disputed                                                   |                                               |            |
| ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured                                | d claim:                                      |            |
| ☐ Check if this claim is for a community debt                                |                                                              | aration agreement or divorce that you did not |            |
| Is the claim subject to offset?                                              | report as priority claims                                    |                                               |            |
| No                                                                           | Debts to pension or profit-sharing                           |                                               |            |
| Yes                                                                          | Other. Specify Credit Card                                   | <u> </u>                                      |            |
| Buffalo Hospital Nonpriority Creditor's Name                                 | Last 4 digits of account number                              | 1278                                          | \$0.00     |
| Nurse Anesthetists<br>14700 28th Ave N, Ste 20<br>Minneapolis, MN 55447-4876 | When was the debt incurred?                                  |                                               |            |
| Number Street City State Zlp Code                                            | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.                                            |                                                              |                                               |            |
| Debtor 1 only                                                                | ☐ Contingent                                                 |                                               |            |
| Debtor 2 only                                                                | ☐ Unliquidated                                               |                                               |            |
| Debtor 1 and Debtor 2 only                                                   | ☐ Disputed                                                   |                                               |            |
| ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured                                | d claim:                                      |            |
| ☐ Check if this claim is for a community                                     | ☐ Student loans                                              |                                               |            |
| debt<br>Is the claim subject to offset?                                      | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| ■ No                                                                         | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| □Yes                                                                         | Other. Specify Medical                                       |                                               |            |
| Cardinal Kids Club                                                           | Last 4 digits of account number                              | 3603                                          | \$459.00   |
| Nonpriority Creditor's Name 655 Park Street East                             | When was the debt incurred?                                  |                                               |            |
| Annandale, MN 55302 Number Street City State Zlp Code                        | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Who incurred the debt? Check one.                                            | <u>-</u>                                                     | • • •                                         |            |
| Debtor 1 only                                                                | ☐ Contingent                                                 |                                               |            |
| Debtor 2 only                                                                | ☐ Unliquidated                                               |                                               |            |
| Debtor 1 and Debtor 2 only                                                   | ☐ Disputed                                                   |                                               |            |
| ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community                                     | ☐ Student loans                                              |                                               |            |
| debt<br>Is the claim subject to offset?                                      | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
| ■ No                                                                         | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| ☐ Yes                                                                        | Other. Specify                                               |                                               |            |

| Debto | r 1 Casie Lynn Jordan                                                | Case number (if know)                                                                                     |          |
|-------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------|
| 4.8   | Centerpoint Energy Nonpriority Creditor's Name                       | Last 4 digits of account number 4055                                                                      | \$331.38 |
|       | PO Box 1297                                                          | When was the debt incurred?                                                                               |          |
|       | Minneapolis, MN 55440-1297  Number Street City State Zlp Code        | As of the date you file the claim is Cheek all that apply                                                 |          |
|       | Who incurred the debt? Check one.                                    | As of the date you file, the claim is: Check all that apply                                               |          |
|       | ■ Debtor 1 only                                                      | ☐ Contingent                                                                                              |          |
|       | Debtor 2 only                                                        | ☐ Unliquidated                                                                                            |          |
|       | Debtor 1 and Debtor 2 only                                           | ☐ Disputed                                                                                                |          |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                      |          |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans                                                                                           |          |
|       | debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |          |
|       | ■ No                                                                 | □ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | Yes                                                                  | ■ Other. Specify Services                                                                                 |          |
| _     |                                                                      |                                                                                                           |          |
| 4.9   | CenterPoint Energy Nonpriority Creditor's Name                       | Last 4 digits of account number 4055                                                                      | \$176.90 |
|       | PO Box 4671                                                          | When was the debt incurred?                                                                               |          |
|       | Houston, TX 77210-4671                                               |                                                                                                           |          |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                               |          |
|       | _                                                                    |                                                                                                           |          |
|       | Debtor 1 only                                                        | Contingent                                                                                                |          |
|       | Debtor 2 only                                                        | ☐ Unliquidated                                                                                            |          |
|       | Debtor 1 and Debtor 2 only                                           | ☐ Disputed  Type of NONPRIORITY unsecured claim:                                                          |          |
|       | At least one of the debtors and another                              | Student loans                                                                                             |          |
|       | ☐ Check if this claim is for a community debt                        | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |          |
|       | Is the claim subject to offset?                                      | report as priority claims                                                                                 |          |
|       | ■ No                                                                 | Debts to pension or profit-sharing plans, and other similar debts                                         |          |
|       | Yes                                                                  | Other. Specify Services                                                                                   |          |
| 4.1   | City of Annandale                                                    | Last 4 digits of account number 9503                                                                      | \$382.71 |
| 0     | Nonpriority Creditor's Name                                          | Last 4 digits of account number                                                                           | Ψ002.7 1 |
|       | 30 Cedar Street East<br>PO Box K                                     | When was the debt incurred?                                                                               |          |
|       | Annandale, MN 55302 Number Street City State Zlp Code                | As of the date you file, the claim is: Check all that apply                                               |          |
|       | Who incurred the debt? Check one.                                    | As of the date you me, the claim is. Check all that apply                                                 |          |
|       | ■ Debtor 1 only                                                      | ☐ Contingent                                                                                              |          |
|       | Debtor 2 only                                                        | ☐ Unliquidated                                                                                            |          |
|       | Debtor 1 and Debtor 2 only                                           | ☐ Disputed                                                                                                |          |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                      |          |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans                                                                                           |          |
|       | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■ No                                                                 | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | ☐ Yes                                                                | ■ Other Specify Services                                                                                  |          |

| Casie Lynn Jordan                                                             | Case number (if know)                                                                                     |         |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------|
| Credit Solutions of Kentucky                                                  | Last 4 digits of account number 7483                                                                      | \$0.00  |
| Nonpriority Creditor's Name PO Box 24710                                      | When was the debt incurred?                                                                               |         |
| Lexington, KY 40524-4710                                                      |                                                                                                           |         |
| Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim is: Check all that apply                                               |         |
| Debtor 1 only                                                                 | Положения                                                                                                 |         |
|                                                                               | ☐ Contingent                                                                                              |         |
| Debtor 2 only                                                                 | ☐ Unliquidated                                                                                            |         |
| Debtor 1 and Debtor 2 only                                                    | ☐ Disputed  Type of NONPRIORITY unsecured claim:                                                          |         |
| At least one of the debtors and another                                       | Student loans                                                                                             |         |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
| ■ No                                                                          | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |         |
| ☐ Yes                                                                         | ■ Other Specify Collections for Windstream                                                                |         |
| Diversified Consultants                                                       | Last 4 digits of account number 9602                                                                      | \$155.2 |
| Nonpriority Creditor's Name                                                   |                                                                                                           |         |
| PO Box 1391<br>Southgate, MI 48195-0391                                       | When was the debt incurred?                                                                               |         |
| Number Street City State Zlp Code                                             | As of the date you file, the claim is: Check all that apply                                               |         |
| Who incurred the debt? Check one.                                             |                                                                                                           |         |
| ■ Debtor 1 only                                                               | ☐ Contingent                                                                                              |         |
| ☐ Debtor 2 only                                                               | ☐ Unliquidated                                                                                            |         |
| ☐ Debtor 1 and Debtor 2 only                                                  | ☐ Disputed                                                                                                |         |
| ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:                                                                      |         |
| ☐ Check if this claim is for a community                                      | ☐ Student loans                                                                                           |         |
| debt Is the claim subject to offset?                                          | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
| No                                                                            | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |         |
| Yes                                                                           | ■ Other. Specify Collections for Directv                                                                  |         |
| EPPA                                                                          | Last 4 digits of account number 6521                                                                      | \$44.8  |
| Nonpriority Creditor's Name                                                   | <del></del>                                                                                               |         |
| NW 6438<br>PO Box 1450                                                        | When was the debt incurred?                                                                               |         |
| Minneapolis, MN 55485                                                         |                                                                                                           |         |
| Number Street City State Zlp Code                                             | As of the date you file, the claim is: Check all that apply                                               |         |
| Who incurred the debt? Check one.                                             |                                                                                                           |         |
| ■ Debtor 1 only                                                               | ☐ Contingent                                                                                              |         |
| ☐ Debtor 2 only                                                               | ☐ Unliquidated                                                                                            |         |
| ☐ Debtor 1 and Debtor 2 only                                                  | ☐ Disputed                                                                                                |         |
| $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:                                                                      |         |
| ☐ Check if this claim is for a community                                      | ☐ Student loans                                                                                           |         |
| debt Is the claim subject to offset?                                          | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
| No                                                                            | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts            |         |
|                                                                               |                                                                                                           |         |
| ☐ Yes                                                                         | ■ Other. Specify Medical                                                                                  |         |

| 1 Casie Lynn Jordan                                              |                                                                 | Case number (if know)                        |           |  |  |
|------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------|-----------|--|--|
| First Collection Services                                        | Last 4 digits of account number                                 | 4209                                         | \$222.6   |  |  |
| Nonpriority Creditor's Name 10925 Ottercreek Blvd                | When was the debt incurred?                                     |                                              |           |  |  |
| Mabelvale, AR 72103  Number Street City State Zlp Code           | As of the date you file, the claim i                            | is: Check all that apply                     |           |  |  |
| Who incurred the debt? Check one.                                | •                                                               |                                              |           |  |  |
| ■ Debtor 1 only                                                  | ☐ Contingent                                                    |                                              |           |  |  |
| ☐ Debtor 2 only                                                  | ☐ Unliquidated                                                  |                                              |           |  |  |
| ☐ Debtor 1 and Debtor 2 only                                     | ☐ Disputed                                                      |                                              |           |  |  |
| ☐ At least one of the debtors and another                        | Type of NONPRIORITY unsecured                                   | d claim:                                     |           |  |  |
| ☐ Check if this claim is for a community                         | ☐ Student loans                                                 |                                              |           |  |  |
| debt Is the claim subject to offset?                             | ☐ Obligations arising out of a sepa report as priority claims   | ration agreement or divorce that you did not |           |  |  |
| ■ No                                                             | Debts to pension or profit-sharing                              | g plans, and other similar debts             |           |  |  |
| Yes                                                              | Other. Specify Collections                                      | for Windstream                               |           |  |  |
| Metropolitan Anesthesia Net                                      | Last 4 digits of account number                                 | 7684                                         | \$0.0     |  |  |
| Nonpriority Creditor's Name PO Box 47159 Plymouth, MN 55447-0159 | When was the debt incurred?                                     |                                              |           |  |  |
| Number Street City State Zlp Code                                | As of the date you file, the claim i                            | is: Check all that apply                     |           |  |  |
| Who incurred the debt? Check one.                                |                                                                 |                                              |           |  |  |
| ■ Debtor 1 only                                                  | ☐ Contingent                                                    |                                              |           |  |  |
| ☐ Debtor 2 only                                                  | ☐ Unliquidated                                                  |                                              |           |  |  |
| ☐ Debtor 1 and Debtor 2 only                                     | ☐ Disputed                                                      |                                              |           |  |  |
| lacksquare At least one of the debtors and another               | Type of NONPRIORITY unsecured                                   | d claim:                                     |           |  |  |
| Check if this claim is for a community                           | ☐ Student loans                                                 |                                              |           |  |  |
| debt Is the claim subject to offset?                             | Obligations arising out of a separeport as priority claims      |                                              |           |  |  |
| ■ No                                                             | Debts to pension or profit-sharin                               | g plans, and other similar debts             |           |  |  |
| □ Yes                                                            | Other. Specify Medical                                          |                                              |           |  |  |
| Minnco Cu                                                        | Last 4 digits of account number                                 | 0001                                         | \$2,262.0 |  |  |
| Nonpriority Creditor's Name                                      | Last 4 digits of account number                                 |                                              | ΨΕ,ΕΟΣ.   |  |  |
| 235 1st Ave W<br>Cambridge, MN 55008                             | When was the debt incurred?                                     | Opened 11/14 Last Active 11/09/17            |           |  |  |
| Number Street City State Zlp Code                                | As of the date you file, the claim i                            | is: Check all that apply                     |           |  |  |
| Who incurred the debt? Check one.                                | •                                                               | ,                                            |           |  |  |
| ■ Debtor 1 only                                                  | ebtor 2 only  Unliquidated  ebtor 1 and Debtor 2 only  Disputed |                                              |           |  |  |
| ☐ Debtor 2 only                                                  |                                                                 |                                              |           |  |  |
| ☐ Debtor 1 and Debtor 2 only                                     |                                                                 |                                              |           |  |  |
| $\square$ At least one of the debtors and another                |                                                                 |                                              |           |  |  |
| Check if this claim is for a community                           | Student loans                                                   |                                              |           |  |  |
| debt Is the claim subject to offset?                             | report as priority claims                                       | ration agreement or divorce that you did not |           |  |  |
| ■ No                                                             | $\square$ Debts to pension or profit-sharin                     | g plans, and other similar debts             |           |  |  |
| Yes                                                              | Other. Specify Automobile                                       | •                                            |           |  |  |

| Debt     | or 1 Casie Lynn Jordan                                                                       | Case number (if know)                                                                                             |            |
|----------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------|
| 4.1<br>7 | Monarch Recovery Management                                                                  | Last 4 digits of account number 9023                                                                              | \$459.79   |
|          | Nonpriority Creditor's Name 10965 Decatur Road Philadelphia, PA 19154-3210                   | When was the debt incurred?                                                                                       |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                          | As of the date you file, the claim is: Check all that apply                                                       |            |
|          | ■ Debtor 1 only                                                                              | ☐ Contingent                                                                                                      |            |
|          | Debtor 2 only                                                                                | ☐ Unliquidated                                                                                                    |            |
|          | ☐ Debtor 1 and Debtor 2 only                                                                 | □ Disputed                                                                                                        |            |
|          | ☐ At least one of the debtors and another                                                    | Type of NONPRIORITY unsecured claim:                                                                              |            |
|          | ☐ Check if this claim is for a community                                                     | ☐ Student loans                                                                                                   |            |
|          | debt Is the claim subject to offset?                                                         | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           |            |
|          | ■ No                                                                                         | Debts to pension or profit-sharing plans, and other similar debts                                                 |            |
|          | Yes                                                                                          | ■ Other. Specify Collections for Citibank                                                                         |            |
| 4.1<br>8 | Nationwide Credit                                                                            | Last 4 digits of account number 6868                                                                              | \$0.00     |
|          | Nonpriority Creditor's Name PO BOX 14581 Des Moines, IA 50306                                | When was the debt incurred?                                                                                       |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                         | As of the date you file, the claim is: Check all that apply                                                       |            |
|          | Debtor 1 only                                                                                | ☐ Contingent                                                                                                      |            |
|          | Debtor 2 only                                                                                | ☐ Unliquidated                                                                                                    |            |
|          | Debtor 1 and Debtor 2 only                                                                   | □ Disputed                                                                                                        |            |
|          | ☐ At least one of the debtors and another                                                    | Type of NONPRIORITY unsecured claim:                                                                              |            |
|          | ☐ Check if this claim is for a community                                                     | ☐ Student loans                                                                                                   |            |
|          | debt Is the claim subject to offset?                                                         | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No                                                                                         | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes                                                                                          | ■ Other. Specify Collections for American Express                                                                 |            |
| 4.1<br>9 | Reliance Recoveries                                                                          | Last 4 digits of account number 1915                                                                              | \$1,799.64 |
|          | Nonpriority Creditor's Name<br>6160 Summit Drive Suite 420<br>Brooklyn Center, MN 55430-2149 | When was the debt incurred?                                                                                       |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                          | As of the date you file, the claim is: Check all that apply                                                       |            |
|          | Debtor 1 only                                                                                | ☐ Contingent                                                                                                      |            |
|          | Debtor 2 only                                                                                | ☐ Unliquidated                                                                                                    |            |
|          | Debtor 1 and Debtor 2 only                                                                   | ☐ Disputed                                                                                                        |            |
|          | ☐ At least one of the debtors and another                                                    | Type of NONPRIORITY unsecured claim:                                                                              |            |
|          | ☐ Check if this claim is for a community                                                     | ☐ Student loans                                                                                                   |            |
|          | debt Is the claim subject to offset?                                                         | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No                                                                                         | ☐ Debts to pension or profit-sharing plans, and other similar debts                                               |            |
|          | □Yes                                                                                         | Collections for Buffalo Clinic Allina Health; Buffalo Hospital; Allina Health Home; Buffalo Crna                  |            |

| 1 Casie Lynn Jordan                                                                        | Case number (if know)                                                                                     |            |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|
| Shapiro & Zielke                                                                           | Last 4 digits of account number                                                                           | \$0.00     |
| Nonpriority Creditor's Name 12550 West Frontage Rd Suite 200                               | When was the debt incurred?                                                                               |            |
| Burnsville, MN 55337 Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply                                               |            |
| Debtor 1 only                                                                              | ☐ Contingent                                                                                              |            |
| Debtor 2 only                                                                              | ☐ Unliquidated                                                                                            |            |
| ☐ Debtor 1 and Debtor 2 only                                                               | ☐ Disputed                                                                                                |            |
| ☐ At least one of the debtors and another                                                  | Type of NONPRIORITY unsecured claim:                                                                      |            |
| ☐ Check if this claim is for a community                                                   | ☐ Student loans                                                                                           |            |
| debt Is the claim subject to offset?                                                       | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No                                                                                       | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
| Yes                                                                                        | Other. Specify for Lakeview Loan Servicing                                                                |            |
| Shapiro & Zielke, LLP                                                                      | Last 4 digits of account number 6236                                                                      | \$0.00     |
| Nonpriority Creditor's Name<br>12550 West Frontage Road<br>Suite 200                       | When was the debt incurred?                                                                               |            |
| Burnsville, MN 55337  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                               |            |
| ■ Debtor 1 only                                                                            | ☐ Contingent                                                                                              |            |
| □ Debtor 2 only                                                                            | ☐ Unliquidated                                                                                            |            |
| Debtor 1 and Debtor 2 only                                                                 | ☐ Disputed                                                                                                |            |
| ☐ At least one of the debtors and another                                                  | Type of NONPRIORITY unsecured claim:                                                                      |            |
| ☐ Check if this claim is for a community                                                   | ☐ Student loans                                                                                           |            |
| debt<br>Is the claim subject to offset?                                                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No                                                                                       | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
| Yes                                                                                        | Collections for LoanCare as Servicer for Lakeview Loan Servicing, LLC                                     |            |
| Sunrise Credit Services, Inc                                                               | Last 4 digits of account number 6407                                                                      | \$5,360.03 |
| Nonpriority Creditor's Name<br>PO Box 9100<br>Farmingdale, NY 11735-9100                   | When was the debt incurred?                                                                               | •          |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                       | As of the date you file, the claim is: Check all that apply                                               |            |
| ■ Debtor 1 only                                                                            | ☐ Contingent                                                                                              |            |
| ☐ Debtor 2 only                                                                            | ☐ Unliquidated                                                                                            |            |
| ☐ Debtor 1 and Debtor 2 only                                                               | ☐ Disputed                                                                                                |            |
| lacksquare At least one of the debtors and another                                         | Type of NONPRIORITY unsecured claim:                                                                      |            |
| Check if this claim is for a community debt                                                | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |            |
| Is the claim subject to offset?                                                            | report as priority claims                                                                                 |            |
| No                                                                                         | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
| Yes                                                                                        | Other. Specify Collections for Bank of America                                                            |            |

| Debt     | or 1 Casie Lynn Jordan                                                                  |                                                              | Case number (if know)                         |            |
|----------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|------------|
| 4.2<br>3 | Thd/cbna                                                                                | Last 4 digits of account number                              | 9947                                          | \$459.00   |
|          | Nonpriority Creditor's Name Po Box 6497 Sioux Falls, SD 57117                           | When was the debt incurred?                                  | Opened 1/01/11 Last Active 9/11/14            |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                     | As of the date you file, the claim                           | is: Check all that apply                      |            |
|          | Debtor 1 only                                                                           | ☐ Contingent                                                 |                                               |            |
|          | Debtor 2 only                                                                           | ☐ Unliquidated                                               |                                               |            |
|          | ☐ Debtor 1 and Debtor 2 only                                                            | ☐ Disputed                                                   |                                               |            |
|          | lacksquare At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|          | ☐ Check if this claim is for a community                                                | Student loans                                                |                                               |            |
|          | debt Is the claim subject to offset?                                                    | report as priority claims                                    | aration agreement or divorce that you did not |            |
|          | No                                                                                      | Debts to pension or profit-sharir                            |                                               |            |
|          | Yes                                                                                     | Other. Specify Charge Acc                                    | count                                         |            |
| 4.2<br>4 | Us Dept Of Ed/gleIsi Nonpriority Creditor's Name                                        | Last 4 digits of account number                              | 8581                                          | \$6,954.00 |
|          | 2401 International Lane<br>Madison, WI 53704                                            | When was the debt incurred?                                  | Opened 03/14 Last Active 11/30/17             |            |
|          | Number Street City State Zlp Code                                                       | As of the date you file, the claim                           | is: Check all that apply                      |            |
|          | Who incurred the debt? Check one.                                                       |                                                              |                                               |            |
|          | Debtor 1 only                                                                           | ☐ Contingent                                                 |                                               |            |
|          | Debtor 2 only                                                                           | ☐ Unliquidated                                               |                                               |            |
|          | Debtor 1 and Debtor 2 only                                                              | ☐ Disputed                                                   |                                               |            |
|          | ☐ At least one of the debtors and another                                               | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|          | $\square$ Check if this claim is for a community                                        | Student loans                                                |                                               |            |
|          | debt Is the claim subject to offset?                                                    | report as priority claims                                    | aration agreement or divorce that you did not |            |
|          | ■ No                                                                                    | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
|          | Yes                                                                                     | Other. Specify                                               |                                               |            |
|          |                                                                                         | Educationa                                                   | al .                                          |            |
| 4.2<br>5 | Verizon Nonpriority Creditor's Name                                                     | Last 4 digits of account number                              | 0001                                          | \$469.92   |
|          | C/O Risk Management<br>PO Box 105337                                                    | When was the debt incurred?                                  |                                               |            |
|          | Atlanta, GA 30348  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
|          | ■ Debtor 1 only                                                                         | ☐ Contingent                                                 |                                               |            |
|          | Debtor 2 only                                                                           | ☐ Unliquidated                                               |                                               |            |
|          | ☐ Debtor 1 and Debtor 2 only                                                            | ☐ Disputed                                                   |                                               |            |
|          | ☐ At least one of the debtors and another                                               | Type of NONPRIORITY unsecure                                 | d claim:                                      |            |
|          | ☐ Check if this claim is for a community                                                | ☐ Student loans                                              |                                               |            |
|          | debt Is the claim subject to offset?                                                    | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|          | ■ No                                                                                    | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
|          | □ Yes                                                                                   | ■ Other. Specify Services                                    |                                               |            |
|          |                                                                                         |                                                              |                                               |            |

| Casie Lynn Jordan                         | Case number (if know)                                                                   |               |
|-------------------------------------------|-----------------------------------------------------------------------------------------|---------------|
| Verizon                                   | Last Adiatics of account acceptan                                                       | \$0.0         |
| Nonpriority Creditor's Name               | Last 4 digits of account number                                                         | φυ.           |
| PO Box 25505                              | When was the debt incurred?                                                             |               |
| Lehigh Valley, PA 18002-5505              |                                                                                         |               |
| Number Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply                             |               |
| Who incurred the debt? Check one.         | _                                                                                       |               |
| ■ Debtor 1 only                           | ☐ Contingent                                                                            |               |
| Debtor 2 only                             | ☐ Unliquidated                                                                          |               |
| ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed                                                                              |               |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim:                                                    |               |
| ☐ Check if this claim is for a community  | ☐ Student loans                                                                         |               |
| debt                                      | Obligations arising out of a separation agreement or divorce that you did not           |               |
| Is the claim subject to offset?           | report as priority claims                                                               |               |
| ■ No                                      | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |               |
| Yes                                       | Other. Specify Services                                                                 |               |
| Wells Fargo Bank Nv Na                    | Last 4 digits of account number 0001 \$1                                                | 0,178.        |
| Nonpriority Creditor's Name               | <del></del>                                                                             |               |
| Po Box 94435                              | Opened 4/01/13 Last Active                                                              |               |
| Albuquerque, NM 87199                     | When was the debt incurred? 10/13/15                                                    |               |
| Number Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply                             |               |
| Who incurred the debt? Check one.         |                                                                                         |               |
| ■ Debtor 1 only                           | ☐ Contingent                                                                            |               |
| ☐ Debtor 2 only                           | ☐ Unliquidated                                                                          |               |
| ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed                                                                              |               |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim:                                                    |               |
| ☐ Check if this claim is for a community  | ☐ Student loans                                                                         |               |
| debt                                      | $\square$ Obligations arising out of a separation agreement or divorce that you did not |               |
| Is the claim subject to offset?           | report as priority claims                                                               |               |
| ■ No                                      | $\square$ Debts to pension or profit-sharing plans, and other similar debts             |               |
| Yes                                       | ■ Other. Specify Note Loan                                                              |               |
| Windows                                   | Last 4 digits of account number 8989                                                    | <b>*</b> 4.00 |
| Windstream Nonpriority Creditor's Name    | Last 4 digits of account number 8989                                                    | \$169.        |
| PO Box 9001908                            | When was the debt incurred?                                                             |               |
| Louisville, KY 40290                      |                                                                                         |               |
| Number Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply                             |               |
| Who incurred the debt? Check one.         |                                                                                         |               |
| Debtor 1 only                             | ☐ Contingent                                                                            |               |
| Debtor 2 only                             | ☐ Unliquidated                                                                          |               |
| ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed                                                                              |               |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim:                                                    |               |
| ☐ Check if this claim is for a community  | ☐ Student loans                                                                         |               |
| debt                                      | $\square$ Obligations arising out of a separation agreement or divorce that you did not |               |
| Is the claim subject to offset?           | report as priority claims                                                               |               |
| ■ No                                      | $\square$ Debts to pension or profit-sharing plans, and other similar debts             |               |
| Yes                                       | Other. Specify Services                                                                 |               |

| Debtor             | 1 Casie Lyr                                              | nn Jordan                                                            | Case number (if know)                                        |             |                                         |                                              |  |
|--------------------|----------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|-------------|-----------------------------------------|----------------------------------------------|--|
| 4.2<br>9           | Windstream                                               | 1                                                                    | Last 4 digits of account number                              | 8981        |                                         | \$0.00                                       |  |
|                    | 1720 Galler                                              | ial Services<br>ia Blvd                                              | When was the debt incurred?                                  |             |                                         | _                                            |  |
|                    | Charlotte, Number Street                                 | City State Zlp Code                                                  | As of the date you file, the claim                           | is: Check   | k all that apply                        |                                              |  |
|                    | Who incurred t                                           | the debt? Check one.                                                 |                                                              |             |                                         |                                              |  |
|                    | ■ Debtor 1 on                                            | ly                                                                   | ☐ Contingent                                                 |             |                                         |                                              |  |
|                    | Debtor 2 onl                                             | ly                                                                   | ☐ Unliquidated                                               |             |                                         |                                              |  |
|                    | Debtor 1 and                                             | d Debtor 2 only                                                      | ☐ Disputed                                                   |             |                                         |                                              |  |
|                    | ☐ At least one                                           | of the debtors and another                                           | Type of NONPRIORITY unsecure                                 | d claim:    |                                         |                                              |  |
|                    |                                                          | s claim is for a community                                           | Student loans                                                |             |                                         |                                              |  |
|                    | debt<br>Is the claim su                                  | bject to offset?                                                     | Obligations arising out of a separeport as priority claims   | aration ag  | greement or divorce that you did no     | t                                            |  |
|                    | ■ No                                                     | •                                                                    | Debts to pension or profit-sharing                           | ng plans,   | and other similar debts                 |                                              |  |
|                    | ☐ Yes                                                    |                                                                      | Other. Specify Services                                      |             |                                         |                                              |  |
| 4.3                |                                                          |                                                                      |                                                              |             |                                         |                                              |  |
| 0                  | Nonpriority Cred                                         |                                                                      | Last 4 digits of account number                              | 2725        |                                         | \$745.25                                     |  |
|                    | PO Box 947                                               | 77                                                                   | When was the debt incurred?                                  |             |                                         |                                              |  |
|                    |                                                          | s, MN 55484-9477<br>City State Zlp Code                              | As of the date you file, the claim                           | ie: Chack   | call that apply                         |                                              |  |
|                    |                                                          | the debt? Check one.                                                 | As of the date you me, the claim                             | is. Officer | сан шасарру                             |                                              |  |
|                    | ■ Debtor 1 onl                                           | lv                                                                   | ☐ Contingent                                                 |             |                                         |                                              |  |
|                    | Debtor 2 onl                                             | •                                                                    | ☐ Unliquidated                                               |             |                                         |                                              |  |
|                    | Debtor 1 and                                             | •                                                                    | ☐ Disputed                                                   |             |                                         |                                              |  |
|                    | _                                                        | of the debtors and another                                           | Type of NONPRIORITY unsecure                                 | d claim:    |                                         |                                              |  |
|                    |                                                          | s claim is for a community                                           | ☐ Student loans                                              |             |                                         |                                              |  |
|                    | debt                                                     | bject to offset?                                                     | Obligations arising out of a sepa                            | aration ag  | greement or divorce that you did no     | t                                            |  |
|                    | No                                                       | bject to onset?                                                      | report as priority claims  Debts to pension or profit-sharir | ng plans,   | and other similar debts                 |                                              |  |
|                    | ☐ Yes                                                    |                                                                      | Other. Specify Services                                      |             |                                         |                                              |  |
|                    |                                                          |                                                                      | . ,                                                          |             |                                         | <del></del>                                  |  |
| Part 3:            |                                                          | s to Be Notified About a Debt                                        |                                                              |             |                                         |                                              |  |
| is tryii<br>have r | ng to collect fro<br>more than one c<br>ed for any debts | m you for a debt you owe to some                                     |                                                              | n Parts 1   | or 2, then list the collection age      | ncy here. Similarly, if you                  |  |
|                    |                                                          |                                                                      | . This information is for statistical r                      | eportina    | purposes only, 28 U.S.C. §159.          | Add the amounts for each                     |  |
|                    | of unsecured cla                                         |                                                                      |                                                              |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                              |  |
|                    |                                                          |                                                                      |                                                              |             | Total Claim                             |                                              |  |
| 1                  | 6a.<br><b>Fotal</b>                                      | Domestic support obligations                                         |                                                              | 6a.         | \$                                      | 00                                           |  |
| cla<br>from P      | aims<br>art 1 6b.                                        | Taxes and certain other debts yo                                     | ou owe the government                                        | 6b.         | ¢ 2.0                                   | 10                                           |  |
| 1101111            | 6c.                                                      | Claims for death or personal inju                                    | =                                                            | 6c.         | \$ 2.0<br>\$ 0.0                        |                                              |  |
|                    | 6d.                                                      |                                                                      | ured claims. Write that amount here.                         | 6d.         | \$ 0.0                                  |                                              |  |
|                    | 6e.                                                      | Total Priority. Add lines 6a throug                                  | h 6d.                                                        | 6e.         | \$ 2.0                                  | 00                                           |  |
|                    |                                                          |                                                                      |                                                              |             |                                         |                                              |  |
|                    | 6f.                                                      | Student loans                                                        |                                                              | 6f.         | Total Claim \$ 6,954.0                  | 10                                           |  |
|                    | Fotal<br>aims                                            |                                                                      |                                                              |             | v                                       | <u>,,                                   </u> |  |
| from P             |                                                          | Obligations arising out of a sepa you did not report as priority cla | aration agreement or divorce that ims                        | 6g.         | \$0.0                                   | 00                                           |  |

### Debtor 1 Casie Lynn Jordan

6h. Debts to pension or profit-sharing plans, and other similar debts

 Other. Add all other nonpriority unsecured claims. Write that amount here

6j. Total Nonpriority. Add lines 6f through 6i.

Case number (if know)

6h. \$ 0.00 6i. \$ 47,875.07

6j. \$ **54,829.07** 

| Fill in this information to identify your case: |                            |                       |           |  |                      |    |  |
|-------------------------------------------------|----------------------------|-----------------------|-----------|--|----------------------|----|--|
| Debtor 1                                        | Debtor 1 Casie Lynn Jordan |                       |           |  |                      |    |  |
|                                                 | First Name                 | Middle Name           | Last Name |  |                      |    |  |
| Debtor 2                                        |                            |                       |           |  |                      |    |  |
| (Spouse if, filing)                             | First Name                 | Middle Name           | Last Name |  |                      |    |  |
| United States Ba                                | ankruptcy Court for the:   | DISTRICT OF MINNESOTA | A         |  |                      |    |  |
| Case number _                                   |                            |                       |           |  | ☐ Check if this is a | an |  |
|                                                 |                            |                       |           |  | amended filing       |    |  |

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the court, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 |           |              |                                                           |                   |                                         |
|     | Name      |              |                                                           |                   | _                                       |
|     | Number    | Street       |                                                           |                   | _                                       |
|     | City      |              | State                                                     | ZIP Code          | _                                       |
| 2.2 |           |              |                                                           |                   |                                         |
|     | Name      |              |                                                           |                   | _                                       |
|     | Number    | Street       |                                                           |                   | _                                       |
|     | City      |              | State                                                     | ZIP Code          | _                                       |
| 2.3 | <u> </u>  |              | - Claid                                                   |                   |                                         |
|     | Name      |              |                                                           |                   | _                                       |
|     | Number    | Street       |                                                           |                   | _                                       |
|     | City      |              | State                                                     | ZIP Code          | _                                       |
| 2.4 | U.Ly      |              |                                                           | 2 0000            |                                         |
| 2.4 | Name      |              |                                                           |                   | _                                       |
|     | Number    | Street       |                                                           |                   | _                                       |
|     | City      |              | State                                                     | ZIP Code          | _                                       |
| 2.5 |           |              |                                                           |                   |                                         |
|     | Name      |              |                                                           |                   | _                                       |
|     | Number    | Street       |                                                           |                   | _                                       |
|     | City      |              | State                                                     | ZIP Code          | _                                       |
|     | - Ny      |              | Ciaio                                                     |                   |                                         |

| Fill in this i                  | nformation to identify your                                        | case:                                                   |                                                  |                                           |                                                                                                                |
|---------------------------------|--------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Debtor 1                        | Casie Lynn Jorda                                                   | ın                                                      |                                                  |                                           |                                                                                                                |
|                                 | First Name                                                         | Middle Name                                             | Last Name                                        |                                           |                                                                                                                |
| Debtor 2<br>(Spouse if, filing  | g) First Name                                                      | Middle Name                                             | Last Name                                        |                                           |                                                                                                                |
| United State                    | es Bankruptcy Court for the:                                       | DISTRICT OF MINNESC                                     | DTA                                              |                                           |                                                                                                                |
| Case numb                       | er                                                                 |                                                         |                                                  |                                           |                                                                                                                |
| (if known)                      |                                                                    |                                                         |                                                  |                                           | Check if this is an amended filing                                                                             |
|                                 | ule H: Your Cod                                                    |                                                         | rs vou may have Re as                            | complete and accur                        | 12/15                                                                                                          |
| people are f<br>fill it out, an | iling together, both are equ                                       | ally responsible for suppl<br>boxes on the left. Attach | lying correct information the Additional Page to | on. If more space is n                    | needed, copy the Additional Page, p of any Additional Pages, write                                             |
| 1. Do y                         | ou have any codebtors? (If y                                       | ou are filing a joint case, d                           | lo not list either spouse a                      | as a codebtor.                            |                                                                                                                |
| □ No                            |                                                                    |                                                         |                                                  |                                           |                                                                                                                |
| Yes                             |                                                                    |                                                         |                                                  |                                           |                                                                                                                |
|                                 | in the last 8 years, have you<br>, California, Idaho, Louisiana,   |                                                         |                                                  |                                           | y states and territories include                                                                               |
| ■ No. (                         | Go to line 3.                                                      |                                                         |                                                  |                                           |                                                                                                                |
| ☐ Yes.                          | Did your spouse, former spou                                       | ise, or legal equivalent live                           | with you at the time?                            |                                           |                                                                                                                |
| in line :<br>Form 1             | 2 again as a codebtor only i                                       | f that person is a guarant                              | or or cosigner. Make s                           | ure you have listed th                    | g with you. List the person shown<br>ne creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fil |
|                                 | Column 1: Your codebtor<br>ame, Number, Street, City, State and ZI | P Code                                                  |                                                  | Column 2: The cre<br>Check all schedule   | editor to whom you owe the debt es that apply:                                                                 |
| 3.1 <b>N</b>                    | lother                                                             |                                                         |                                                  | ☐ Schedule D, li                          |                                                                                                                |
| N                               | lote Loan                                                          |                                                         |                                                  | ☐ Schedule E/F ☐ Schedule G _ Wells Fargo |                                                                                                                |

| Fill               | in this information to                                   | o identify your ca                                   | ase:                                                                                |                         |                                |                       |                 |                      |                       |                        |                              |                        |
|--------------------|----------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------|--------------------------------|-----------------------|-----------------|----------------------|-----------------------|------------------------|------------------------------|------------------------|
|                    | btor 1                                                   | Casie Lynn                                           |                                                                                     |                         |                                |                       |                 |                      |                       |                        |                              |                        |
|                    | btor 2<br>buse, if filing)                               |                                                      |                                                                                     |                         |                                |                       |                 |                      |                       |                        |                              |                        |
| Uni                | ited States Bankrupt                                     | tcy Court for the                                    | : DISTRICT OF MINNE                                                                 | SOTA                    |                                |                       |                 |                      |                       |                        |                              |                        |
| (If kr             | se number                                                | 4001                                                 |                                                                                     |                         |                                |                       |                 | □ Ar                 |                       | ed filing<br>ent showi | ng postpetit<br>following da | tion chapter<br>ate:   |
|                    | fficial Form                                             |                                                      |                                                                                     |                         |                                |                       |                 | MI                   | M / DD/ Y             | YYY                    |                              |                        |
| Be a<br>sup<br>spo | plying correct info<br>use. If you are sep               | ccurate as poss<br>rmation. If you<br>arated and you | sible. If two married peo<br>are married and not filir<br>r spouse is not filing wi | ng jointly<br>th you, o | /, and your s<br>do not includ | spouse i<br>de infori | s livi<br>natio | ng with y<br>n about | you, incl<br>your spo | ude info               | rmation abo                  | out your<br>is needed, |
|                    | <u> </u>                                                 | et to this form.                                     | On the top of any addition                                                          | onal pag                | es, write yo                   | ur name               | and             | case nu              | mber (if              | known).                | Answer ev                    | ery question.          |
| 1.                 | Fill in your emplo                                       | oyment                                               |                                                                                     | Debto                   | r 1                            |                       |                 |                      | Debtor 2              | or non-                | filing spou                  | se                     |
|                    | If you have more t                                       |                                                      | Employment status                                                                   | ■ Em                    | ployed                         |                       |                 |                      | ■ Emple               | oyed                   |                              |                        |
|                    | attach a separate page with information about additional |                                                      | Employment status                                                                   | ☐ Not                   | employed                       |                       |                 |                      | ☐ Not e               | mployed                |                              |                        |
|                    | employers.                                               |                                                      | Occupation                                                                          | Asso                    | ciate                          |                       |                 |                      | Iron Wo               | orker                  |                              |                        |
|                    | Include part-time,<br>self-employed wor                  |                                                      | Employer's name                                                                     | Wal-N                   | /lart                          |                       |                 | Iron Worker Union    |                       |                        |                              |                        |
|                    | Occupation may in or homemaker, if i                     |                                                      | Employer's address                                                                  |                         | W 8th Stre                     |                       |                 |                      |                       |                        |                              |                        |
|                    |                                                          |                                                      | How long employed to                                                                | here?                   | 5 montl                        | hs                    |                 |                      | _2                    | years                  |                              |                        |
| Pai                | rt 2: Give Det                                           | ails About Mor                                       | nthly Income                                                                        |                         |                                |                       |                 |                      |                       |                        |                              |                        |
|                    | mate monthly inco                                        |                                                      | ate you file this form. If y                                                        | you have                | nothing to re                  | eport for             | any li          | ne, write            | \$0 in the            | space. Ii              | nclude your                  | non-filing             |
|                    | ou or your non-filing :<br>e space, attach a se          |                                                      | ore than one employer, co                                                           | mbine th                | e information                  | n for all e           | mplo            | yers for t           | hat perso             | on on the              | lines below                  | . If you need          |
|                    |                                                          |                                                      |                                                                                     |                         |                                |                       |                 | For Deb              | tor 1                 |                        | ebtor 2 or<br>lling spous    | е                      |
| 2.                 |                                                          |                                                      | ry, and commissions (be<br>calculate what the monthl                                |                         |                                | 2.                    | \$_             | 2,9                  | 900.00                | \$                     | 3,700.0                      | 00                     |
| 3.                 | Estimate and list                                        | monthly overt                                        | ime pay.                                                                            |                         |                                | 3.                    | +\$_            |                      | 0.00                  | +\$                    | 0.0                          | <u>)0</u>              |

Calculate gross Income. Add line 2 + line 3.

2,900.00

3,700.00

|     |                                                                                                                                                                                                                                                                                          |            | For             | Debtor 1      | For Debtor           |             |          |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|---------------|----------------------|-------------|----------|
|     | Copy line 4 here                                                                                                                                                                                                                                                                         | 4.         | \$              | 2,900.00      |                      | ,700.00     |          |
| 5.  | List all payroll deductions:                                                                                                                                                                                                                                                             |            |                 |               |                      |             |          |
| 0.  | 5a. Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                        | 5a.        | \$              | 311.00        | \$                   | 851.00      |          |
|     | 5b. Mandatory contributions for retirement plans                                                                                                                                                                                                                                         | 5a.<br>5b. | <b>\$</b> —     | 0.00          | \$                   | 0.00        | _        |
|     | 5c. Voluntary contributions for retirement plans                                                                                                                                                                                                                                         | 5c.        | \$<br>_         | 0.00          | \$                   | 0.00        | _        |
|     | 5d. Required repayments of retirement fund loans                                                                                                                                                                                                                                         | 5d.        | \$ <sup>-</sup> | 0.00          | \$                   | 0.00        | -        |
|     | 5e. Insurance                                                                                                                                                                                                                                                                            | 5a.<br>5e. | \$<br>_         | 0.00          | \$                   | 0.00        | -        |
|     | 5f. Domestic support obligations                                                                                                                                                                                                                                                         | 56.<br>5f. | \$_             | 0.00          | \$                   | 0.00        | _        |
|     | 5g. Union dues                                                                                                                                                                                                                                                                           | 5g.        | <b>\$</b> —     | 0.00          | <u>\$</u>            | 0.00        | _        |
|     | 5h. Other deductions. Specify:                                                                                                                                                                                                                                                           | 5h.+       |                 |               | + \$                 | 0.00        | _        |
| 6.  | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                           | 6.         | \$<br>\$        | 311.00        | \$                   | 851.00      | -        |
| 7.  | Calculate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                      | 7.         | * —<br>\$       | 2,589.00      | · <del></del>        | ,849.00     | -        |
|     |                                                                                                                                                                                                                                                                                          | ••         | Ψ —             | 2,303.00      | <u> </u>             | ,043.00     | -        |
| 8.  | List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.        | \$              | 0.00          | \$                   | 0.00        |          |
|     | 8b. Interest and dividends                                                                                                                                                                                                                                                               | 8b.        | \$<br>          | 0.00          | \$                   | 0.00        | -        |
|     | 8c. Family support payments that you, a non-filing spouse, or a depender                                                                                                                                                                                                                 |            | Ψ               | 0.00          | Ψ                    | 0.00        | -        |
|     | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                                                                             | 8c.        | \$              | 0.00          | \$                   | 0.00        |          |
|     | 8d. Unemployment compensation                                                                                                                                                                                                                                                            | 8d.        | <u> </u>        | 0.00          | \$                   | 0.00        | -        |
|     | 8e. Social Security                                                                                                                                                                                                                                                                      | 8e.        | \$_             | 0.00          | \$                   | 0.00        | _        |
|     | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:               | ce<br>8f.  | \$              | 0.00          | \$                   | 0.00        | -        |
|     | 8g. Pension or retirement income                                                                                                                                                                                                                                                         | 8g.        | \$              | 0.00          | \$                   | 0.00        | _        |
|     | 8h. Other monthly income. Specify:                                                                                                                                                                                                                                                       | 8h.+       | \$              | 0.00          | + \$                 | 0.00        | _        |
| 9.  | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                 | 9.         | \$              | 0.00          | \$                   | 0.00        | 0        |
| 10. | Calculate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                           | 10. \$     |                 | 2,589.00 + \$ | 2,849.00             | = \$        | 5,438.00 |
|     | Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                               |            |                 | -,000.00      | _,0 .0.00            |             | 0,100.00 |
| 11. | State all other regular contributions to the expenses that you list in Schedul Include contributions from an unmarried partner, members of your household, you other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are no Specify:    | ur depen   |                 |               | ed in <i>Schedul</i> | e J.<br>+\$ | 0.00     |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The re<br>Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Cert</i><br>applies                                                                                                  |            |                 |               |                      | \$          | 5,438.00 |
|     |                                                                                                                                                                                                                                                                                          |            |                 |               |                      | Combin      |          |
| 13. | Do you expect an increase or decrease within the year after you file this form  No.                                                                                                                                                                                                      | m?         |                 |               |                      | monthly     | y income |
|     | Yes. Explain:                                                                                                                                                                                                                                                                            |            |                 |               |                      |             |          |
|     | _ ,                                                                                                                                                                                                                                                                                      |            |                 |               |                      |             |          |

| Debtor 1 Casie Lynn Jordan    Debtor 2   Spoose, filling)   Check if this is:   An amended filling     An amended filling     A supplement showing postpetition chapter     13 expenses as of the following date:   MM / DD / YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fill       | in this information to identify your case:                                                                                             |                       |            |                |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|----------------|--------|
| Debtor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Deb        | otor 1 Casie Lynn Jordan                                                                                                               |                       | Che        | ck if this is: |        |
| Spouse, if filing    13 expenses as of the following date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Dah        | 40.2                                                                                                                                   |                       | _          | •              |        |
| Case number (If known)    Common                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                        |                       | Ц          |                |        |
| Official Form 106J Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unit       | ed States Bankruptcy Court for the: DISTRICT OF MINNESOTA                                                                              |                       |            | MM / DD / YYYY |        |
| Official Form 106J  Schedule J: Your Expenses Be as complete and accurate a possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part I: Describe Your Household  1. Is this a joint case?  No. Go to line 2: Yes. Describe Your Household  1. Is this a joint case?  No. Go to line 2: Yes. Describe Vour Household  1. Is this a joint case?  No. Go to line 2: Yes. Describe Vour Household  1. Is this a joint case?  No. Go to line 2: Yes. Describe Your Schedule Form 106J-2, Expenses for Separate Household of Debtor 2.  2. Do you have dependents?  No on cot list Debtor 1 and Pyes.  Fill out this information for each dependent's relationship to Dependent's age.  Stepson  Stepson  Stepson  Stepdaughter  12 Yes No No Stepdaughter  13 No No Stepdaughter  14 No Yes  Stepson  Stepdaughter  15 No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Cas        | e numbeľ                                                                                                                               |                       |            |                |        |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Name   Describe Your Household     No     No. Go to line 2.   Yes. Does Debtor 2 live in a separate household?   No. Go to line 2.   Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (If k      | nown)                                                                                                                                  |                       |            |                |        |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1   Describe Your Household                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Of         | fficial Form 106J                                                                                                                      |                       |            |                |        |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1   Describe Your Household                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S          | chedule J: Your Expenses                                                                                                               |                       |            |                | 12/15  |
| 1. Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No. Operation of the comment of the property of the comment o | Be<br>info | as complete and accurate as possible. If two married people ar<br>ormation. If more space is needed, attach another sheet to this      |                       |            |                |        |
| No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?  No. Go to line 2.  Yes. Does Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.  Do you have dependents?  No. Do not list Debtor 1 and Debtor 1 and Debtor 2.  Do not state the dependents names.  Stepson  No.  Yes  No.  No  No  No  No  Stepson  Stepso |            |                                                                                                                                        |                       |            |                |        |
| Yes. Does Debtor 2 live in a separate household?   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ••         | _                                                                                                                                      |                       |            |                |        |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.    Do you have dependents?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                                        |                       |            |                |        |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Stepson  Ste |            | _                                                                                                                                      | s for Separate Househ | old of Deb | tor 2.         |        |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Stepson  Ste | 2.         | Do you have dependents? ☐ No                                                                                                           | •                     |            |                |        |
| Stepson 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Do not list Debtor 1 and Yes Fill out this information for                                                                             |                       |            |                |        |
| Stepdaughter  Stepson  Stepson  Stepson  Stepdaughter  12  Yes  No  Stepson  15  Yes  No  Stepdaughter  18  Yes  No  Stepdaughter  18  Yes  No  Stepdaughter  18  Yes  No  Stepdaughter  18  Yes  No  Yes  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. 9. 0.00  4d. Home maintenance, repair, and upkeep expenses  4d. 5 0.00  150.00  160.00  17 es                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Do not state the                                                                                                                       |                       |            |                | ■ No   |
| Stepdaughter 15 No Stepson 15 Yes  Stepdaughter 18 Yes  Stepdaughter 18 Yes  No Stepdaughter 18 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  18 Yes  No No Yes  No Yes  No Yes  No No Yes  No Yes  No No Yes  No Yes  No No Yes  No No Yes  No Yes  No No Yes  No No Yes  No Yes  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | dependents names.                                                                                                                      | Stepson               |            | _ <u>8</u>     |        |
| Stepson 15 Yes  Stepdaughter 18 Yes  No Stepdaughter 18 Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. Homeowner's association or condominium dues  4d. Homeowner's association or condominium dues  4d. Society of the form and pressure of the pre |            |                                                                                                                                        | Stepdaughter          |            | 12             | _      |
| Stepdaughter  Stepdaughter  18  No Yes  Stepdaughter  18  No Yes  Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of adae after the bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. Real estate taxes  4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$ 150.00  1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                                                                                        |                       |            | _              | □ No   |
| Stepdaughter  18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                        | Stepson               |            | 15             | Yes    |
| expenses of people other than yourself and your dependents?   Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  150.00  4d. Homeowner's association or condominium dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                                                                                                                                        | Stepdaughter          |            | 18             | ***    |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  150.00  160.00  170.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  180.00  | 3.         | expenses of people other than                                                                                                          |                       |            |                |        |
| the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$ 840.00  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00  4d. Homeowner's association or condominium dues 4d. \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Est        | imate your expenses as of your bankruptcy filing date unless y<br>penses as of a date after the bankruptcy is filed. If this is a supp |                       |            |                |        |
| payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  4d. \$  840.00  4a. \$  0.00  4b. \$  150.00  4d. \$  0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the        | value of such assistance and have included it on Schedule I: )                                                                         |                       |            | Your exp       | enses  |
| 4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. Homeowner's association or condominium dues  4d. \$  0.00  150.00  4d. \$  0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4.         |                                                                                                                                        | nclude first mortgage | 4. \$      | S              | 840.00 |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$  0.00  150.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | If not included in line 4:                                                                                                             |                       |            |                |        |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$  0.00  150.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | 4a. Real estate taxes                                                                                                                  |                       | 4a. 9      | 3              | 0.00   |
| 4d. Homeowner's association or condominium dues 4d. \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                                        |                       |            |                |        |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                                        |                       |            |                |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5.         |                                                                                                                                        | ome equity loans      |            |                |        |

| Fill in this inform               | mation to identify your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | case:                      |                           |                  |          |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|------------------|----------|
| Debtor 1                          | Casie Lynn Jorda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n                          |                           |                  |          |
|                                   | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Middle Name                | Last Name                 |                  |          |
| Debtor 2<br>(Spouse if, filing)   | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Middle Name                | Last Name                 |                  |          |
| United States Ba                  | ankruptcy Court for the:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DISTRICT OF MINNESOT       | <sup>-</sup> A            |                  |          |
| Case number                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                           |                  |          |
| (if known)                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                           |                  | <b>—</b> |
| Declarat                          | ion About a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                           |                  | 12/15    |
| If two married pe                 | eople are filing together                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , both are equally respons | ible for supplying corr   | ect information. |          |
| obtaining money years, or both. 1 | y or property by fraud in<br>8 U.S.C. §§ 152, 1341, 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | connection with a bankru   |                           |                  |          |
| Did you pa                        | y or agree to pay some                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | one who is NOT an attorne  | y to help you fill out ba | ankruptcy forms? |          |
| ■ No                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                           |                  |          |
| ☐ Yes. N                          | Name of person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                           |                  |          |
|                                   | active filling)  First Name  Middle Name  Last Name  Ad States Bankruptcy Court for the:  DISTRICT OF MINNESOTA  In number  DISTRICT OF MINNESOTA  Colaration About an Individual Debtor's Schedules  District of supplying correct information.  In nust file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or ning money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 and you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |                            |                           |                  |          |
| X /s/ Cas                         | sie Lvnn Jordan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            | X                         |                  |          |
| Casie                             | Lynn Jordan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                           | Debtor 2         |          |
| Date                              | January 15, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            | Date                      |                  |          |

| Fill        | in this inforn                                | nation to identify you                                                          | r case:                                                                                   |                                    |                                                              |                                    |  |  |  |  |  |
|-------------|-----------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|------------------------------------|--|--|--|--|--|
| Det         | otor 1                                        | Casie Lynn Jord                                                                 |                                                                                           |                                    |                                                              |                                    |  |  |  |  |  |
| Det         | otor 2                                        | First Name                                                                      | Middle Name                                                                               | Last Name                          |                                                              |                                    |  |  |  |  |  |
|             | use if, filing)                               | First Name                                                                      | Middle Name                                                                               | Last Name                          |                                                              |                                    |  |  |  |  |  |
| Uni         | ted States Ba                                 | nkruptcy Court for the:                                                         | DISTRICT OF MINNESO                                                                       | TA                                 |                                                              |                                    |  |  |  |  |  |
| Cas         | se number                                     |                                                                                 |                                                                                           |                                    |                                                              |                                    |  |  |  |  |  |
| (if kn      | own)                                          |                                                                                 |                                                                                           |                                    |                                                              | heck if this is an mended filing   |  |  |  |  |  |
| <b>~</b> '  | <i></i>                                       | 407                                                                             |                                                                                           |                                    |                                                              |                                    |  |  |  |  |  |
|             | ficial Fo                                     |                                                                                 | Affaina fan Indini                                                                        | luala Filima fan D                 |                                                              |                                    |  |  |  |  |  |
|             |                                               |                                                                                 | Affairs for Individ                                                                       |                                    |                                                              | 4/16                               |  |  |  |  |  |
| info        | rmation. If m                                 |                                                                                 | attach a separate sheet to                                                                |                                    | equally responsible for sup<br>y additional pages, write you |                                    |  |  |  |  |  |
| Par         | t 1: Give D                                   | etails About Your Ma                                                            | arital Status and Where You                                                               | Lived Before                       |                                                              |                                    |  |  |  |  |  |
| 1.          | What is you                                   | r current marital statu                                                         | ıs?                                                                                       |                                    |                                                              |                                    |  |  |  |  |  |
|             | <ul><li>■ Married</li><li>□ Not mar</li></ul> | ried                                                                            |                                                                                           |                                    |                                                              |                                    |  |  |  |  |  |
| 2.          | During the la                                 | During the last 3 years, have you lived anywhere other than where you live now? |                                                                                           |                                    |                                                              |                                    |  |  |  |  |  |
|             | ■ No                                          |                                                                                 |                                                                                           |                                    |                                                              |                                    |  |  |  |  |  |
|             | _                                             | t all of the places you l                                                       | lived in the last 3 years. Do no                                                          | ot include where you live now      | I.                                                           |                                    |  |  |  |  |  |
|             | Debtor 1 Pr                                   | ior Address:                                                                    | Dates Debtor 1 lived there                                                                | Debtor 2 Prior Ad                  | dress:                                                       | Dates Debtor 2<br>lived there      |  |  |  |  |  |
| 3.<br>state |                                               |                                                                                 |                                                                                           |                                    | ity property state or territory                              |                                    |  |  |  |  |  |
|             | ■ No.                                         |                                                                                 |                                                                                           |                                    | -                                                            |                                    |  |  |  |  |  |
|             | ■ No □ Yes. Ma                                | ike sure vou fill out <i>Scl</i>                                                | hedule H: Your Codebtors (Of                                                              | fficial Form 106H).                |                                                              |                                    |  |  |  |  |  |
|             |                                               |                                                                                 | .oud.orn roun coudstone (c.                                                               |                                    |                                                              |                                    |  |  |  |  |  |
| Par         | t 2 Explai                                    | n the Sources of You                                                            | r Income                                                                                  |                                    |                                                              |                                    |  |  |  |  |  |
| 4.          | Fill in the total                             | al amount of income yo                                                          | mployment or from operating our received from all jobs and a have income that you receive | all businesses, including part-    |                                                              | ndar years?                        |  |  |  |  |  |
|             | □ No                                          |                                                                                 |                                                                                           |                                    |                                                              |                                    |  |  |  |  |  |
|             |                                               | in the details.                                                                 |                                                                                           |                                    |                                                              |                                    |  |  |  |  |  |
|             |                                               |                                                                                 | Debtor 1                                                                                  |                                    | Debtor 2                                                     |                                    |  |  |  |  |  |
|             |                                               |                                                                                 | Sources of income                                                                         | Gross income                       | Sources of income                                            | Gross income                       |  |  |  |  |  |
|             |                                               |                                                                                 | Check all that apply.                                                                     | (before deductions and exclusions) | Check all that apply.                                        | (before deductions and exclusions) |  |  |  |  |  |
|             |                                               | of current year until<br>d for bankruptcy:                                      | ■ Wages, commissions, bonuses, tips                                                       | \$0.00                             | ☐ Wages, commissions, bonuses, tips                          |                                    |  |  |  |  |  |
|             |                                               |                                                                                 | ☐ Operating a business                                                                    |                                    | ☐ Operating a business                                       |                                    |  |  |  |  |  |

Official Form 107

| Debto  | or 1 _                        | Casie I                               | _ynn J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ordan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Case number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                          |                                                                |  |  |
|--------|-------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|--|--|
|        |                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                          |                                                                |  |  |
|        |                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Debtor 2                                                                        |                                                          |                                                                |  |  |
|        |                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sources of Check all t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | (befo                                                                                            | ss income<br>ore deductions a<br>usions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sources of inc<br>Check all that a                                              |                                                          | Gross income<br>(before deductions<br>and exclusions)          |  |  |
|        |                               | lendar y<br>to Dece                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1, 2017 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ■ Wages, bonuses, to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | commissions,                       |                                                                                                  | \$11,450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | .46                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Wages, commissions, bonuses, tips                                             |                                                          |                                                                |  |  |
|        |                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Operati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ng a business                      |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Operating a                                                                   | business                                                 |                                                                |  |  |
|        |                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ore that:<br>1, 2016 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ■ Wages, bonuses, ti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | commissions,                       |                                                                                                  | \$15,697                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | .00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Wages, com<br>bonuses, tips                                                   | missions,                                                |                                                                |  |  |
|        |                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Operati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ng a business                      |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Operating a                                                                   | business                                                 |                                                                |  |  |
| a<br>w | ind oth<br>vinning<br>ist ead | ner public<br>gs. If you<br>ch source | c benefi<br>are filir<br>e and th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | t payments;<br>ng a joint cas<br>ne gross inco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | pensions; re<br>se and you ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    | rest; div<br>you rece                                                                            | idends; money o<br>eived together, li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | collecte<br>ist it on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ed from lawsuits;<br>ly once under De                                           | royalties; and ebtor 1.                                  | curity, unemployment<br>gambling and lottery                   |  |  |
|        |                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Debtor 2                                                                        |                                                          |                                                                |  |  |
|        |                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sources of Describe be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | each<br>(befo                                                                                    | ss income from<br>n source<br>ore deductions a<br>usions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sources of inc<br>Describe below                                                |                                                          | Gross income<br>(before deductions<br>and exclusions)          |  |  |
| Part 3 | 3: L                          | _ist Cert                             | ain Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ments You                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Made Befor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e You Filed for                    |                                                                                                  | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                          |                                                                |  |  |
| _      | □ No                          | D. Neitindiv                          | ther Delvidual pring the Sing | btor 1 nor Drimarily for a 90 days befor Go to line 7 List below 6 paid that crunot include a adjustment Pebtor 2 o 90 days befor 2 o 100 days bef | Debtor 2 has a personal, far you filed for each creditor. Do not payments to ton 4/01/19 or both have pre you filed for eyou f | mily, or househo or bankruptcy, di | umer de<br>Id purpo<br>id you p<br>id a tota<br>id a tota<br>ints for d<br>his bank<br>s after t | ebts. Consumer ose."  ay any creditor and any any creditor and any credito | a total of the state of the sta | of \$6,425* or mo<br>one or more pay<br>tions, such as ch<br>r after the date o | re?<br>vments and th<br>illd support ar<br>f adjustment. | (8) as "incurred by an e total amount you ad alimony. Also, do |  |  |
|        |                               |                                       | No.<br>Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Go to line 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to whom you so                     | id a tata                                                                                        | l of \$600 or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ro and i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the total amount                                                                | vou poid that                                            | araditar. Do not                                               |  |  |
|        |                               |                                       | res                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | include pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                          | creditor. Do not include payments to an                        |  |  |
| •      | Credit                        | tor's Naı                             | me and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dates of payme                     | ent                                                                                              | Total amou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Amount you still owe                                                            | Was this pa                                              | ayment for                                                     |  |  |

| 7.  | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general p of which you are an officer, director, person in a business you operate as a sole proprietor. alimony.          | artners; relatives of any gen<br>n control, or owner of 20% o | eral partners; partners r more of their voting | erships of which yo<br>g securities; and a | ou are a general<br>ny managing ag | partner; corporations<br>ent, including one for |  |  |  |  |  |  |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------|--------------------------------------------|------------------------------------|-------------------------------------------------|--|--|--|--|--|--|--|
|     | No                                                                                                                                                                                                                |                                                               |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
|     | Yes. List all payments to an insider.                                                                                                                                                                             |                                                               |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
|     | Insider's Name and Address                                                                                                                                                                                        | Dates of payment                                              | Total amount paid                              | Amount you still owe                       | Reason for t                       | his payment                                     |  |  |  |  |  |  |  |
| В.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. |                                                               |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
|     | ■ No  No  Ves List all payments to an insider                                                                                                                                                                     | ■ No □ Yes. List all payments to an insider                   |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
|     | Insider's Name and Address                                                                                                                                                                                        | Dates of payment                                              | Total amount                                   | Amount you still owe                       | Reason for t                       | his payment                                     |  |  |  |  |  |  |  |
|     |                                                                                                                                                                                                                   |                                                               | paid                                           | Still Owe                                  | include credit                     | ors name                                        |  |  |  |  |  |  |  |
| Par | t 4: Identify Legal Actions, Repossessio                                                                                                                                                                          | ns, and Foreclosures                                          |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                                                  |                                                               |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
|     | Case title Case number                                                                                                                                                                                            | Nature of the case                                            | Court or agency                                |                                            | Status of the                      | e case                                          |  |  |  |  |  |  |  |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.                      |                                                               |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
|     | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>                                                                                                                                  |                                                               |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
|     | Creditor Name and Address                                                                                                                                                                                         | Describe the Property                                         |                                                | Date                                       | Date Value of the proper           |                                                 |  |  |  |  |  |  |  |
|     |                                                                                                                                                                                                                   | Explain what happened                                         |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?          |                                                               |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
|     | No                                                                                                                                                                                                                |                                                               |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                         | Decaribe the action the                                       | ovoditov tools                                 | Data                                       | antion was                         | Amarınt                                         |  |  |  |  |  |  |  |
|     | Creditor Name and Address                                                                                                                                                                                         | Describe the action the                                       | creditor took                                  | taker                                      | action was                         | Amount                                          |  |  |  |  |  |  |  |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a                                                                                                                           |                                                               | erty in the possess                            | ion of an assigne                          | e for the benef                    | it of creditors, a                              |  |  |  |  |  |  |  |
|     | ■ No □ Yes                                                                                                                                                                                                        |                                                               |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
| Par | t 5: List Certain Gifts and Contributions                                                                                                                                                                         |                                                               |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
| 13. | Within 2 years before you filed for bankrup ■ No                                                                                                                                                                  | ptcy, did you give any gifts                                  | s with a total value                           | of more than \$60                          | 00 per person?                     |                                                 |  |  |  |  |  |  |  |
|     | ☐ Yes. Fill in the details for each gift.                                                                                                                                                                         |                                                               |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |
|     | Gifts with a total value of more than \$600 per person                                                                                                                                                            | Describe the gifts                                            |                                                | Dates<br>the g                             | s you gave<br>ifts                 | Value                                           |  |  |  |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:                                                                                                                                                                     |                                                               |                                                |                                            |                                    |                                                 |  |  |  |  |  |  |  |

Case number (if known)

Debtor 1 Casie Lynn Jordan

| 14.    | Within 2 years before you filed for bank                                                                                                                                                                                                                                                                                                                                                                                                                                   | ruptcy, d                                     | id you give any gifts or contribution                                       | s with a total                           | I value of more than   | \$600 to any charity?    |  |  |  |  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------|------------------------|--------------------------|--|--|--|--|
|        | ■ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                                             |                                          |                        |                          |  |  |  |  |
|        | Yes. Fill in the details for each gift or                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                                             |                                          | _                      |                          |  |  |  |  |
|        | Gifts or contributions to charities that more than \$600 Charity's Name                                                                                                                                                                                                                                                                                                                                                                                                    | total                                         | Describe what you contributed                                               |                                          | Dates you contributed  | Value                    |  |  |  |  |
|        | Address (Number, Street, City, State and ZIP Coo                                                                                                                                                                                                                                                                                                                                                                                                                           | de)                                           |                                                                             |                                          |                        |                          |  |  |  |  |
| Par    | t 6: List Certain Losses                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                             |                                          |                        |                          |  |  |  |  |
| 15.    | Within 1 year before you filed for bankroor gambling?                                                                                                                                                                                                                                                                                                                                                                                                                      | uptcy or s                                    | since you filed for bankruptcy, did y                                       | ou lose anytl                            | hing because of thef   | t, fire, other disaster, |  |  |  |  |
|        | ■ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                                             |                                          |                        |                          |  |  |  |  |
|        | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                                             |                                          |                        |                          |  |  |  |  |
|        | Describe the property you lost and how the loss occurred                                                                                                                                                                                                                                                                                                                                                                                                                   | Include                                       | be any insurance coverage for the lot the amount that insurance has paid. L | ist pending                              | Date of your loss      | Value of property lost   |  |  |  |  |
|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | insuran                                       | ce claims on line 33 of Schedule A/B:                                       | Property.                                |                        |                          |  |  |  |  |
| Par    | t 7: List Certain Payments or Transfer                                                                                                                                                                                                                                                                                                                                                                                                                                     | rs                                            |                                                                             |                                          |                        |                          |  |  |  |  |
|        | Within 1 year before you filed for bankruconsulted about seeking bankruptcy or Include any attorneys, bankruptcy petition                                                                                                                                                                                                                                                                                                                                                  | preparin                                      | g a bankruptcy petition?                                                    |                                          |                        | rty to anyone you        |  |  |  |  |
|        | □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                                             |                                          |                        |                          |  |  |  |  |
|        | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                                             |                                          |                        |                          |  |  |  |  |
|        | Person Who Was Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | Description and value of any prope                                          | ertv                                     | Date payment           | Amount of                |  |  |  |  |
|        | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               | transferred                                                                 |                                          | or transfer was        | payment                  |  |  |  |  |
|        | Email or website address Person Who Made the Payment, if Not                                                                                                                                                                                                                                                                                                                                                                                                               | You                                           |                                                                             |                                          | made                   |                          |  |  |  |  |
|        | Abacus Credit Counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                             |                                          |                        | \$15.00                  |  |  |  |  |
|        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                                                             |                                          |                        |                          |  |  |  |  |
|        | Sage Personal Financial Mgmt \$15.00                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                                             |                                          |                        |                          |  |  |  |  |
|        | Kain & Scott, P.A.<br>13 7th Ave South<br>Saint Cloud, MN 56301                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | Prior Chapter 13                                                            |                                          |                        | \$628.49                 |  |  |  |  |
| 17.    | Within 1 year before you filed for bankri<br>promised to help you deal with your cre<br>Do not include any payment or transfer that                                                                                                                                                                                                                                                                                                                                        | editors or                                    | to make payments to your creditors                                          |                                          | r transfer any prope   | rty to anyone who        |  |  |  |  |
|        | ■ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                                             |                                          |                        |                          |  |  |  |  |
|        | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                                             |                                          |                        |                          |  |  |  |  |
|        | Person Who Was Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | Description and value of any prope                                          | erty                                     | Date payment           | Amount of                |  |  |  |  |
|        | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               | transferred                                                                 |                                          | or transfer was made   | payment                  |  |  |  |  |
|        | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  \[ \Boxedown \text{No} \] |                                               |                                                                             |                                          |                        |                          |  |  |  |  |
|        | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                                             | poriho any property as                   |                        |                          |  |  |  |  |
|        | Person Who Received Transfer<br>Address                                                                                                                                                                                                                                                                                                                                                                                                                                    | Description and value of property transferred |                                                                             | any property or received or debts change | Date transfer was made |                          |  |  |  |  |
| O#* :  | Person's relationship to you                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | Financial Affairs for L. P. 11. 15. From 1                                  | - David                                  |                        |                          |  |  |  |  |
| UTTICI | al Form 107 St                                                                                                                                                                                                                                                                                                                                                                                                                                                             | aternent of                                   | Financial Affairs for Individuals Filing for                                | o Dankruptcy                             |                        | page 4                   |  |  |  |  |

Case number (if known)

Debtor 1 Casie Lynn Jordan

page 4

|     | Person Who Received Transfer<br>Address<br>Person's relationship to you                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Description and va<br>property transferre                        |                   | payme       | be any property or<br>nts received or debts<br>exchange | Date transfer was made |  |  |  |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------|-------------|---------------------------------------------------------|------------------------|--|--|--|--|--|
|     | Junkyard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Junked 2001 For<br>(scrap metal)                                 | rd Focus          | FMV:        | \$200<br>ved: \$200                                     | 2017                   |  |  |  |  |  |
|     | Junkyard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Junked 2003 For                                                  |                   |             | \$210<br>ved: \$210                                     | 2017                   |  |  |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.                                                                                                                                                                                                                                                                                   |                                                                  |                   |             |                                                         |                        |  |  |  |  |  |
|     | Name of trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Description and va                                               | alue of the prope | erty transi | erred                                                   | Date Transfer was made |  |  |  |  |  |
| Par | List of Certain Financial Accounts, Instru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | uments, Safe Deposit                                             | Boxes, and Stor   | age Units   | :                                                       |                        |  |  |  |  |  |
| 20. | O. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for you sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit thouses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP account number instrument closed, sold, |                                                                  |                   |             |                                                         |                        |  |  |  |  |  |
|     | Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                   |             | moved, or transferred                                   | transfer               |  |  |  |  |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                   |             |                                                         |                        |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                   |             |                                                         |                        |  |  |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                         | Who else had acce<br>Address (Number, Str<br>State and ZIP Code) |                   | escribe t   | he contents                                             | Do you still have it?  |  |  |  |  |  |
| 22. | Have you stored property in a storage unit or p                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | place other than your                                            | home within 1 ye  | ear before  | you filed for bankruptc                                 | y?                     |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                   |             |                                                         |                        |  |  |  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Who else has or hat to it? Address (Number, State and ZIP Code)  |                   | escribe t   | he contents                                             | Do you still have it?  |  |  |  |  |  |
| Par | 19: Identify Property You Hold or Control for                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Someone Else                                                     |                   |             |                                                         |                        |  |  |  |  |  |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                   |             |                                                         |                        |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                   |             |                                                         |                        |  |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Where is the prope<br>(Number, Street, City, St.<br>Code)        |                   | escribe t   | he property                                             | Value                  |  |  |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                   |             |                                                         |                        |  |  |  |  |  |

Debtor 1 Casie Lynn Jordan Case number (if known)

| Par | t 10: Give Details About Environmental Informa                                                                                                                                          | ation                                                                      |                                       |                       |  |  |  |  |  |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|-----------------------|--|--|--|--|--|--|--|
| For | the purpose of Part 10, the following definitions                                                                                                                                       | apply:                                                                     |                                       |                       |  |  |  |  |  |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.                              | ir, land, soil, surface water, ground                                      |                                       |                       |  |  |  |  |  |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal                                                                                    | •                                                                          | law, whether you now own, operate, o  | or utilize it or used |  |  |  |  |  |  |  |
|     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |                                                                            |                                       |                       |  |  |  |  |  |  |  |
| Rep | ort all notices, releases, and proceedings that yo                                                                                                                                      | ou know about, regardless of wher                                          | n they occurred.                      |                       |  |  |  |  |  |  |  |
| 24. | Has any governmental unit notified you that you                                                                                                                                         | ı may be liable or potentially liable                                      | under or in violation of an environme | ental law?            |  |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                        |                                                                            |                                       |                       |  |  |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                      | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it     | Date of notice        |  |  |  |  |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.                                                                             |                                                                            |                                       |                       |  |  |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                      | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it     | Date of notice        |  |  |  |  |  |  |  |
| 26. | Have you been a party in any judicial or adminis  ■ No □ Yes. Fill in the details.                                                                                                      | strative proceeding under any envi                                         | ironmental law? Include settlements a | and orders.           |  |  |  |  |  |  |  |
|     | Case Title Case Number                                                                                                                                                                  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                    | Status of the case    |  |  |  |  |  |  |  |
| Par | t 11: Give Details About Your Business or Con                                                                                                                                           | nections to Any Business                                                   |                                       |                       |  |  |  |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy, o                                                                                                                                       | did you own a business or have an                                          | y of the following connections to any | / business?           |  |  |  |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a t                                                                                                                                             | rade, profession, or other activity,                                       | either full-time or part-time         |                       |  |  |  |  |  |  |  |
|     | ☐ A member of a limited liability company                                                                                                                                               | (LLC) or limited liability partnersh                                       | ip (LLP)                              |                       |  |  |  |  |  |  |  |
|     | ☐ A partner in a partnership                                                                                                                                                            |                                                                            |                                       |                       |  |  |  |  |  |  |  |
|     | ☐ An officer, director, or managing execut                                                                                                                                              | ive of a corporation                                                       |                                       |                       |  |  |  |  |  |  |  |

**Business Name** 

Address (Number, Street, City, State and ZIP Code) Describe the nature of the business

Name of accountant or bookkeeper

No. None of the above applies. Go to Part 12.

☐ An owner of at least 5% of the voting or equity securities of a corporation

Yes. Check all that apply above and fill in the details below for each business.

**Employer Identification number** 

**Dates business existed** 

Do not include Social Security number or ITIN.

| Deptor 1 Casie Lynn Jordan                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ase number (if known)                              |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|--|
| 28. Within 2 years before you filed for bankru institutions, creditors, or other parties.                                                                     | ptcy, did you give a financial statement to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | anyone about your business? Include all financial  |  |  |
| ■ No<br>□ Yes. Fill in the details below.                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |
| Name Address (Number, Street, City, State and ZIP Code)                                                                                                       | Date Issued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |  |  |
| Part 12: Sign Below                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |
| are true and correct. I understand that making with a bankruptcy case can result in fines up t 18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ Casie Lynn Jordan | a false statement, concealing property, or o \$250,000, or imprisonment for up to 20 y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | obtaining money or property by fraud in connection |  |  |
| Signature of Debtor 1                                                                                                                                         | Signature of Design 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |  |  |
| Date January 15, 2018                                                                                                                                         | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |  |  |
| Did you attach additional pages to <i>Your Stater</i> ■ No                                                                                                    | ment of Financial Affairs for Individuals Fil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ing for Bankruptcy (Official Form 107)?            |  |  |
| □Yes                                                                                                                                                          | Fithin 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial stitutions, creditors, or other parties.  No 1 Yes. Fill in the details below.  Same Address Number, Street, City, State and ZIP Code)  2 Sign Below  read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers e and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  asie Lynn Jordan 2 Lynn Jordan 3 Signature of Debtor 2  u attach additional pages to Your Statement of Financial Affairs for Individuals Filling for Bankruptcy (Official Form 107)?  u pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? |                                                    |  |  |
| Did you pay or agree to pay someone who is n  ■ No                                                                                                            | ot an attorney to help you fill out bankrup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | cy forms?                                          |  |  |
| ☐ Yes. Name of Person . Attach the Bank                                                                                                                       | rruptcy Petition Preparer's Notice, Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , and Signature (Official Form 119).               |  |  |

#### United States Bankruptcy Court District of Minnesota

| In re   | Casie Lynn Jordan                                                                                                                                                                                    |                |      |                              | Case No.   |        |          |          |           |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|------------------------------|------------|--------|----------|----------|-----------|
|         | Debt                                                                                                                                                                                                 | or(s)          |      |                              | Chapter    | _13    |          |          |           |
|         | DISCLOSURE OF COMPENSATION                                                                                                                                                                           | OF             | ' A  | TTORNEY                      | FOR D      | ЕВТ    | OR       |          |           |
| paid to | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 (s) and that compensation paid to me within one year beforme, for services rendered or to be rendered on behalf of taptcy case is as follows: | re th          | ie   | filing of the p              | etition in | bankr  | uptcy, o | or agree | d to be   |
| Prior   | egal Services, I have agreed to accept to the filing of this statement I have received                                                                                                               | \$<br>\$<br>\$ |      | 3,000.00<br>0.00<br>3,000.00 |            |        |          |          |           |
| _       | he source of the compensation paid to me was:  Debtor  Other (specify)                                                                                                                               | y)             |      |                              |            |        |          |          |           |
|         | he source of the compensation to be paid to me is:  Debtor  Other (specify)                                                                                                                          | y)             |      |                              |            |        |          |          |           |
|         | I have not agreed to share the above-disclosed compensates of my law firm.                                                                                                                           | sation         | n v  | with any othe                | r person u | ınless | they ar  | e memb   | ers and   |
| associ  | ☐ I have agreed to share the above-disclosed compensatio ates of my law firm. A copy of the agreement, together was mpensation, is attached.                                                         |                |      |                              |            |        |          |          |           |
|         | In return for the above-disclosed fee, together with such ed by 11 U.S.C. §528(a)(1), I have agreed to render legal s                                                                                |                |      |                              |            |        |          |          |           |
|         | A. Analysis of the debtor's financial situation, and render etition in bankruptcy;                                                                                                                   | ring a         | ad   | vice to the de               | ebtor in d | eterm  | ining w  | hether t | to file a |
| Е       | 3. Preparation and filing of any petition, schedules, stateme                                                                                                                                        | ents o         | of   | affairs and pl               | an which   | may t  | e requi  | red;     |           |
|         | C. Representation of the debtor at the meeting of creditonereof;                                                                                                                                     | rs an          | nd   | confirmation                 | hearing,   | and a  | ny adjo  | ourned h | nearings  |
| Ι       | D. Representation of the debtor in contested bankruptcy ma                                                                                                                                           | itters         | s; a | and                          |            |        |          |          |           |

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the

best of my knowledge.

E. Other services reasonably necessary to represent the debtor(s).

#### **CERTIFICATION**

|                                                                                                                  | Wesley W. Scott 0264787                                                  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                  | /s/ Wesley W. Scott                                                      |  |  |  |  |
| Batea.                                                                                                           | •                                                                        |  |  |  |  |
| Dated: January 10, 2018                                                                                          | Signature of Attorney                                                    |  |  |  |  |
| statement of any agreement or arrangement for pay                                                                | yment to me for representation of the debtor(s) in this bankruptcy case. |  |  |  |  |
|                                                                                                                  |                                                                          |  |  |  |  |
| I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete |                                                                          |  |  |  |  |

| Fill in this information to identify your case: |                                                 |  |  |  |
|-------------------------------------------------|-------------------------------------------------|--|--|--|
| Debtor 1                                        | Casie Lynn Jordan                               |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 |                                                 |  |  |  |
| United States B                                 | Bankruptcy Court for the: District of Minnesota |  |  |  |
| Case number                                     |                                                 |  |  |  |
|                                                 |                                                 |  |  |  |

■ Married. Fill out both Columns A and B. lines 2-11.

| Check as directed in lines 17 and 21: |                                                                      |  |  |  |  |
|---------------------------------------|----------------------------------------------------------------------|--|--|--|--|
|                                       | According to the calculations required by this Statement:            |  |  |  |  |
|                                       | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |
|                                       | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |
|                                       | 3. The commitment period is 3 years.                                 |  |  |  |  |
|                                       | 4. The commitment period is 5 years.                                 |  |  |  |  |

☐ Check if this is an amended filing

#### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

# Additional pages, write your name and case number (if known). Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|                                                                                                                                                                                                                                                |                              |                       |                         | _               | olumi<br><b>ebto</b> i |          | Debt | mn B<br>or 2 or<br>filing spouse |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------|-------------------------|-----------------|------------------------|----------|------|----------------------------------|
| <ol><li>Your gross wages, salary, tips, bonuses, overtime<br/>payroll deductions).</li></ol>                                                                                                                                                   | , and co                     | mmissio               | ons (befo               | ore all         |                        | 1,741.74 | \$   | 3,681.09                         |
| <ol> <li>Alimony and maintenance payments. Do not include<br/>Column B is filled in.</li> </ol>                                                                                                                                                | e payme                      | ents from             | a spous                 | e if<br>\$      |                        | 0.00     | \$   | 0.00                             |
| 4. All amounts from any source which are regularly p<br>of you or your dependents, including child suppor<br>from an unmarried partner, members of your househo<br>and roommates. Do not include payments from a spou<br>you listed on line 3. | <b>t.</b> Includ<br>ld, your | le regular<br>depende | r contribu<br>nts, pare | utions<br>ents, |                        | 0.00     | \$   | 0.00                             |
| 5. Net income from operating a business, profession, or farm                                                                                                                                                                                   | Debtor                       | · 1                   |                         |                 |                        |          |      |                                  |
| Gross receipts (before all deductions)                                                                                                                                                                                                         | \$_                          | 0.00                  |                         |                 |                        |          |      |                                  |
| Ordinary and necessary operating expenses                                                                                                                                                                                                      | -\$                          | 0.00                  |                         |                 |                        |          |      |                                  |
| Net monthly income from a business, profession, or fa                                                                                                                                                                                          | ırm \$ _                     | 0.00                  | Copy h                  | ere -> \$       |                        | 0.00     | \$   | 0.00                             |
| 6. Net income from rental and other real property                                                                                                                                                                                              | Debtor                       | 1                     |                         |                 |                        |          |      |                                  |
| Gross receipts (before all deductions)                                                                                                                                                                                                         | \$_                          | 0.00                  |                         |                 |                        |          |      |                                  |
| Ordinary and necessary operating expenses                                                                                                                                                                                                      | -\$                          | 0.00                  |                         |                 |                        |          |      |                                  |
| Net monthly income from rental or other real property                                                                                                                                                                                          | \$                           | 0.00                  | Copy h                  | ere -> \$       |                        | 0.00     | \$   | 0.00                             |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| each column. Then add the total for column A to the total for column B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  For you \$ 0.00  For your spouse \$ 0.00  9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  \$ 0.00 \$ 0.00  Total amounts from separate pages, if any.  \$ 1,741.74 + \$ 3,681.09   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |
| the Social Security Act. Instead, list it here:  For you \$ 0.00  For your spouse \$ 0.00  9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  \$ 0.00 \$ 0.00  Total amounts from separate pages, if any.  + \$ 0.00 \$ 0.00  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  \$ 0.00 \$ 0.00  Total amounts from separate pages, if any.  + \$ 0.00 \$ 0.00  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  \$ 0.00 \$ 0.00  Total amounts from separate pages, if any.  + \$ 0.00 \$ 0.00  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |
| benefit under the Social Security Act.  10. Income from all other sources not listed above. Specify the source and amount.  Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  \$ 0.00 \$ 0.00  Total amounts from separate pages, if any.  + \$ 0.00 \$ 0.00  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  \$ 1,741.74 + \$ 3,681.09   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
| Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.  \$ 0.00 \$ 0.00  Total amounts from separate pages, if any.  + \$ 0.00 \$ 0.00  Total amounts from separate pages, if any.  + \$ 0.00 \$ 0.00  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
| Total amounts from separate pages, if any.  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  1. Total amounts from separate pages, if any.  + \$ 0.00 \$ 0.00  1. Total amounts from separate pages, if any.  + \$ 0.00 \$ 0.00  1. Total amounts from separate pages, if any.  + \$ 0.00 \$ 0.00    \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0.00   \$ 0 |                            |
| Total amounts from separate pages, if any.  + \$ 0.00 \$ 0.00  11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  + \$ 0.00 \$ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |
| 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |
| each column. Then add the total for Column A to the total for Column B.  \$\begin{align*} 1,741.74 \\ \end{align*} + \\ \\ \\ \end{align*} = \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5,422.83                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | al average<br>hthly income |
| 12. Copy your total average monthly income from line 11.  13. Calculate the marital adjustment. Check one:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5,422.83                   |
| ☐ You are not married. Fill in 0 below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |
| ☐ You are married and your spouse is filing with you. Fill in 0 below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
| You are married and your spouse is not filing with you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |
| Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependence.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additi adjustments on a separate page.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | onal                       |
| If this adjustment does not apply, enter 0 below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |
| Total g 0.00 Complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.00                       |
| Total Copy nere=> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |
| 14. Your current monthly income. Subtract line 13 from line 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5,422.83                   |
| 15. Calculate your current monthly income for the year. Follow these steps:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |
| 15a. Copy line 14 here=> \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5 422 83                   |
| Multiply line 15a by 12 (the number of months in a year).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5,422.83                   |
| 15b. The result is your current monthly income for the year for this part of the form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |

| Debt | or i <u>Ca</u> | isie Lynn Jordan                                                                                                                                             | Case num                                 | nber ( <i>it known</i> )        |                  |
|------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------|------------------|
| 16   | . Calcula      | te the median family income that applies to yo                                                                                                               | u. Follow these steps:                   |                                 |                  |
|      | 16a. Fill      | in the state in which you live.                                                                                                                              | MN                                       |                                 |                  |
|      | 16b. Fill      | in the number of people in your household.                                                                                                                   | 6                                        |                                 |                  |
|      |                | in the median family income for your state and six                                                                                                           | ***************************************  |                                 | 122,451.00       |
|      |                | find a list of applicable median income amounts, tructions for this form. This list may also be availa                                                       |                                          | e separate                      |                  |
| 17   |                | the lines compare?                                                                                                                                           | are at the same upto, closics office.    |                                 |                  |
|      | 17a.           | Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do NO                                                            |                                          | •                               |                  |
|      | 17b.           | ☐ Line 15b is more than line 16c. On the top of 1325(b)(3). <b>Go to Part 3 and fill out Calculary</b> your current monthly income from line 14 about 15 cm. | ation of Your Disposable Income (O       |                                 |                  |
| Par  | t 3:           | Calculate Your Commitment Period Under 11 U                                                                                                                  | .S.C. § 1325(b)(4)                       |                                 |                  |
| 18.  | Сору у         | our total average monthly income from line 11                                                                                                                |                                          | \$                              | 5,422.83         |
| 19.  | contend        | the marital adjustment if it applies. If you are n that calculating the commitment period under 11 s income, copy the amount from line 13.                   |                                          |                                 |                  |
|      | 19a. If tl     | ne marital adjustment does not apply, fill in 0 on li                                                                                                        | ne 19a.                                  | <b>-</b> \$                     | 0.00             |
|      | 19b. <b>Su</b> | btract line 19a from line 18.                                                                                                                                |                                          | \$_                             | 5,422.83         |
| 20.  | Calcula        | te your current monthly income for the year.                                                                                                                 | Follow these steps:                      |                                 |                  |
|      | 20a. Co        | py line 19b                                                                                                                                                  |                                          | \$                              | 5,422.83         |
|      | Mu             | ltiply by 12 (the number of months in a year).                                                                                                               |                                          | _                               | <b>x</b> 12      |
|      |                |                                                                                                                                                              |                                          |                                 |                  |
|      | 20b. Th        | e result is your current monthly income for the year                                                                                                         | r for this part of the form              | \$                              | 65,073.96        |
|      |                |                                                                                                                                                              |                                          | <u> </u>                        |                  |
|      | 20c Co         | py the median family income for your state and si                                                                                                            | zo of household from line 16e            | •                               | 122,451.00       |
|      | 200. 00        | py the median ramily income for your state and si                                                                                                            | ze or riouseriola from line roc          | Ψ                               | 122,401.00       |
|      | 21. <b>Ho</b>  | w do the lines compare?                                                                                                                                      |                                          |                                 |                  |
|      | -              | Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.                                                                            | ordered by the court, on the top of pa   | ige 1 of this form, check box 3 | , The commitment |
|      |                | Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.                                                                 | ss otherwise ordered by the court, on    | the top of page 1 of this form, | check box 4, The |
| Par  | t 4:           | Sign Below                                                                                                                                                   |                                          |                                 |                  |
|      | By signi       | ng here, under penalty of perjury I declare that the                                                                                                         | e information on this statement and in   | any attachments is true and c   | orrect.          |
| )    | ( /s/ Ca       | sie Lynn Jordan                                                                                                                                              |                                          |                                 |                  |
|      | Casie          | Lynn Jordan<br>ure of Debtor 1                                                                                                                               |                                          |                                 |                  |
|      | Date <b>J</b>  | anuary 15, 2018                                                                                                                                              |                                          |                                 |                  |
|      |                | M / DD / YYYY                                                                                                                                                |                                          |                                 |                  |
|      | -              | necked 17a, do NOT fill out or file Form 122C-2.                                                                                                             | a form. On line 20 of that form          | our ourront monthly income - fe | om line 14 above |
|      | ii you cr      | necked 17b, fill out Form 122C-2 and file it with thi                                                                                                        | s ionn. On line 39 of that form, copy yo | our current monthly income to   | om me 14 above.  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### United States Bankruptcy Court District of Minnesota

| In re  | Casie Lynn Jordan                     |                                            | Case No.            |                       |  |  |  |  |  |
|--------|---------------------------------------|--------------------------------------------|---------------------|-----------------------|--|--|--|--|--|
|        |                                       | Debtor(s)                                  | Chapter             | 13                    |  |  |  |  |  |
|        | VERIFICATION OF CREDITOR MATRIX       |                                            |                     |                       |  |  |  |  |  |
| Γhe ab | ove-named Debtor hereby verifies that | the attached list of creditors is true and | correct to the best | of his/her knowledge. |  |  |  |  |  |
| Date:  | January 15, 2018                      | /s/ Casie Lynn Jordan<br>Casie Lynn Jordan |                     |                       |  |  |  |  |  |

Signature of Debtor

ALLINA HEALTH
PO BOX 77008
MINNEAPOLIS MN 55480-7708

AMERICAN ACCOUNTS & ADIVSERS 7460 80TH STREET S COTTAGE GROVE MN 55016

AMEX
PO BOX 297871
FORT LAUDERDALE FL 33329

ANNANDALE PUBLIC SCHOOLS PO BOX 190 ANNANDALE MN 55302

BANKAMERICA PO BOX 982238 EL PASO TX 79998

BUFFALO HOSPITAL NURSE ANESTHETISTS 14700 28TH AVE N, STE 20 MINNEAPOLIS MN 55447-4876

CARDINAL KIDS CLUB 655 PARK STREET EAST ANNANDALE MN 55302

CENTERPOINT ENERGY PO BOX 1297 MINNEAPOLIS MN 55440-1297

CENTERPOINT ENERGY PO BOX 4671 HOUSTON TX 77210-4671 CITY OF ANNANDALE 30 CEDAR STREET EAST PO BOX K ANNANDALE MN 55302

CREDIT SOLUTIONS OF KENTUCKY PO BOX 24710 LEXINGTON KY 40524-4710

DIVERSIFIED CONSULTANTS PO BOX 1391 SOUTHGATE MI 48195-0391

EPPA NW 6438 PO BOX 1450 MINNEAPOLIS MN 55485

FIRST COLLECTION SERVICES 10925 OTTERCREEK BLVD MABELVALE AR 72103

INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY PO BOX 7346 PHILADELPHIA PA 19101

LOANCARE
PO BOX 8068
VIRGINIA BEACH VA 23450

METROPOLITAN ANESTHESIA NET PO BOX 47159
PLYMOUTH MN 55447-0159

MINNCO CU 235 1ST AVE W CAMBRIDGE MN 55008 MN DEPT OF REVENUE ATTN DENISE JONES - BANKRUPTCY PO BOX 64447 SAINT PAUL MN 55164

MONARCH RECOVERY MANAGEMENT 10965 DECATUR ROAD PHILADELPHIA PA 19154-3210

MORTGAGE SERVICE CENTE 1 MORTGAGE WAY MT LAUREL NJ 08054

NATIONWIDE CREDIT PO BOX 14581 DES MOINES IA 50306

RELIANCE RECOVERIES
6160 SUMMIT DRIVE SUITE 420
BROOKLYN CENTER MN 55430-2149

SHAPIRO & ZIELKE 12550 WEST FRONTAGE RD SUITE 200 BURNSVILLE MN 55337

SHAPIRO & ZIELKE, LLP 12550 WEST FRONTAGE ROAD SUITE 200 BURNSVILLE MN 55337

SUNRISE CREDIT SERVICES, INC PO BOX 9100 FARMINGDALE NY 11735-9100

THD/CBNA
PO BOX 6497
SIOUX FALLS SD 57117

US DEPT OF ED/GLELSI 2401 INTERNATIONAL LANE MADISON WI 53704

VERIZON C/O RISK MANAGEMENT PO BOX 105337 ATLANTA GA 30348

VERIZON PO BOX 25505 LEHIGH VALLEY PA 18002-5505

WELLS FARGO BANK NV NA PO BOX 94435 ALBUQUERQUE NM 87199

WINDSTREAM
PO BOX 9001908
LOUISVILLE KY 40290

WINDSTREAM
ATTN FINANCIAL SERVICES
1720 GALLERIA BLVD
CHARLOTTE NC 28270

XCEL ENERGY
PO BOX 9477
MINNEAPOLIS MN 55484-9477